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No. 38

VENEREAL DISEASE CONTROL REGULATIONS.

INDORSED BY THE BAR ASSOCIATION OF SOUTH CAROLINA.

The following resolution was adopted at a meeting of the Bar Association of South Carolina, held at Spartanburg, S. C., August 2, 1918:

"~~Whereas~~ certain regulations of the State board of health of South Carolina, which regulations were passed under the authority of an act of the legislature of 1910, concerning the treatment of venereal disease, which have been explained to this association; and

"~~Whereas~~ the matter to which the regulations relate has a distinct bearing upon the effectiveness of the military forces now in training in this State: Now, therefore, it is

"*Resolved, by the Bar Association of the State of South Carolina in convention assembled, That the regulations referred to are hereby indorsed; that it is the opinion of this association that the just enforcement of the regulations will not unlawfully infringe on the legal rights of the persons concerned; and that this association urge the members of the bar to advise any client who may consult them in relation thereto to submit to the examination and free treatment furnished and designed to relieve them of the ravages of these diseases.*"

The regulations referred to follow:

Regulations of the executive committee of the State board of health of South Carolina providing for the segregation and treatment of certain persons having or suspected of having communicable venereal diseases, to wit: Syphilis, gonorrhoea, chancreoid.

1. That from and after the passage of these regulations, all persons who shall be convicted, in any court of this State, or any municipal court in any city or town in this State, of the violation of any law or city or town ordinance, involving sexual immorality; or who shall be confined in prison in this State as a punishment for the violation of any law of the United States involving sexual immorality; or who shall be confined or detained in any reformatory or place of detention under such circumstances as indicate infection from venereal disease; or as to whom the evidence raises a reasonable inference of infection from venereal disease, shall not be released from custody until the said persons shall have been examined as hereinafter provided, to determine whether or not such persons are infected with syphilis, gonorrhoea, or chancreoid in a communicable form.

2. That all persons described in paragraph 1 above, who shall be confined in a county jail, or in a place of detention, or reformatory situated outside the corporate limits of a city or town, shall be examined by the county physician or such other person as this committee shall designate; that all persons described in paragraph 1 above who shall be confined in a city jail or in a place of detention or reformatory inside the corporate limits of a city or town, shall be examined by the city physician or such other person as this committee shall designate; and it shall be the duty of the presiding officer of the court in which such person shall have been convicted, and of the superintendent of the place of detention or reformatory in which any such person may be confined, to require the examination to be made as herein provided.

3. That before any examining physician shall complete his diagnosis of the case of any person examined for any of the diseases above mentioned, the presence of which are not apparent, he shall transmit to the laboratories of the State board of health specimens taken from the bodies of such persons. Said specimens shall be tested at said laboratory and the physician notified of the result of said test.

4. That if the examination discloses that any person is infected with any of the venereal diseases herein mentioned, in a communicable stage, the said persons shall be confined in the jail or prison of the court in which said persons shall have been convicted, except as hereinafter provided, or in such other place as may be provided for the confinement and treatment of such persons, and shall be treated by the county or city physician, or such other persons as may be designated by this committee, until the disease with which said person is afflicted is no longer communicable.

5. That in lieu of confinement in a city or county jail, or other prison, for treatment as above provided, any person may be treated in a private hospital under the terms of section 2 of an act entitled "An act to further preserve the public health and to prevent the spread of venereal diseases."

6. That any person who shall be confined, under the terms of this act, and treated, shall not be released until a final examination shall have been made by the county or city physician, or such other persons as may be designated, to determine whether or not the disease with which such person was suffering is still communicable, and that in the making of the said final examination the examining physician shall comply with Regulation 3 above.

7. That no certificate showing freedom from communicable venereal diseases shall, in any case, be delivered to any person who shall be confined and treated under the terms of this act, but same shall be delivered to the superintendent of the prison or institution in which such person shall be confined; and in case such person is treated in a private hospital, such certificate shall be delivered to the clerk of the court of the county in which the bond provided in section 2 of an act entitled "An act to further preserve the public health and to prevent the spread of venereal diseases," shall have been filed.

8. That the following forms for the administration of this act, and no others, shall be followed, and that the said forms are a part of these regulations.

Form No. 1.

_____, _____,
(Place.) (Date.)
To the {city }jailer of _____, {city } _____, (Name of person) has been this day convicted of _____,
{county} {county}
You will hold the said person in custody and notify the {city }physician.
{county}

Presiding Officer.

Form No. 2.

_____, _____,
(Place.) (Date.)
_____ will be held for physical examination and the (city, county) physician notified immediately.

Superintendent _____, reformatory or place of detention.

Form No. 3.

(Place.)

(Date.)

The above-named person was this day examined by me in accordance with the regulations of the executive committee of the State board of health, and found $\left. \begin{matrix} \text{not} \\ \text{to be} \end{matrix} \right\}$ infected with _____.

Examining Physician.

Form No. 4.

(Place.)

(Date.)

Upon compliance with the law, permission is given for the above-named party to be removed to _____ hospital.

Presiding Officer.

Form No. 5.

(Place.)

(Date.)

The above-named party has been in _____ and treated for _____; has been finally examined, according to the regulations of the executive committee of the State board of health, and the examination discloses that her diseases are no longer communicable.

Examining Physician.

NOTE.—This card shall be retained by the superintendent of the prison or institution from which the person above mentioned has been released, or by the clerk of the court of the county in which a bond has been filed by said person.

Regulations of the executive committee of the South Carolina State Board of Health for the prevention of venereal diseases.

(Adopted Apr. 15, 1918.)

VENEREAL DISEASES DECLARED DANGEROUS TO THE PUBLIC HEALTH.

Syphilis, gonorrhoea, and chancroid, hereinafter designated venereal diseases, are hereby declared to be contagious, infectious, communicable, and dangerous to the public health.

RULE 1. VENEREAL DISEASES TO BE REPORTED.

Any physician or other person who makes a diagnosis in, or treats, a case of syphilis, gonorrhoea, or chancroid, and every superintendent or manager of a hospital, dispensary, or charitable or penal institution, in which there is a case of venereal disease, shall report such case immediately in writing to the local health officer, stating the name and address or the office number, age, sex, color, and occupation of the diseased person, and the date of onset of the disease, and the probable source of the infection; provided, that the name and address of the diseased person need not be stated except as hereinafter specifically required. The report shall be inclosed in a sealed envelope and sent to the local health officer, who shall report weekly on the prescribed form to the State board of health, all cases reported to him.

RULE 2. PATIENTS TO BE GIVEN INFORMATION.

It shall be the duty of every physician and of every other person who examines or treats a person having syphilis, gonorrhoea, or chancroid, to instruct him in measures for preventing the spread of such disease and of the necessity for treatment until cured, and to hand him a copy of the circular of information obtainable for this purpose from the State board of health.

RULE 3. INVESTIGATION OF CASES.

All city, county, and other local health officers shall use every available means to ascertain the existence of, and to investigate, all cases of syphilis, gonorrhoea, and chancroid within their several territorial jurisdictions, and to ascertain the sources of such infections. Local health officers are hereby empowered and directed

to make such examinations of persons reasonably suspected of having syphilis, gonorrhea, or chancroid as may be necessary for carrying out these regulations. Owing to the prevalence of such diseases among prostitutes and persons associated with them, all such persons are to be considered within the above class.

RULE 4. PROTECTION OF OTHERS FROM INFECTION BY VENEREALLY DISEASED PERSONS.

Upon receipt of a report of a case of venereal disease it shall be the duty of the local health officer to institute measures for the protection of other persons from infection by such venereally diseased person.

(a) Local health officers are authorized and directed to quarantine persons who have, or are reasonably suspected of having syphilis, gonorrhea, or chancroid, whenever, in the opinion of said local health officer, or the State board of health or its secretary, quarantine is necessary for the protection of the public health. In establishing quarantine the health officer shall designate and define the limits of the area in which the person known to have, or reasonably suspected of having syphilis, gonorrhea, or chancroid, and his immediate attendant, are to be quarantined; and no persons other than the attending physicians shall enter or leave the area of quarantine without the permission of the local health officer. No one but the local health officer shall terminate said quarantine, and this shall not be done until the diseased person has become noninfectious, as determined by the local health officer or his authorized deputy through the clinical examination and all necessary laboratory tests, or until permission has been given him so to do by the State board of health or its secretary.

(b) The local health officer shall inform all persons who are about to be released from quarantine for venereal disease, in case they are not cured, what further treatment should be taken to complete their cure. Any person not cured before release from quarantine shall be required to sign the following statement after the blank spaces have been filled to the satisfaction of the health officer:

I, —, residing at —, hereby acknowledge the fact that I am at this time infected with —, and agree to place myself under the medical care of — (name of physician or clinic), (address), — within — hours, and that I will remain under treatment of said physician or clinic until released by the health officer of —, or until my case is transferred, with the approval of said health officer, to another regularly licensed physician or an approved clinic.

I hereby agree to report to the health officer within four days after beginning treatment as above agreed, and will bring with me a statement from the above physician or clinic of the medical treatment applied in my case, and thereafter will report as often as may be demanded of me by the health officer.

I agree further that I will take all precautions recommended by the health officer to prevent the spread of the above disease to other persons, and that I will not perform any act which would expose other persons to the above disease.

I agree, until finally released by the health officer, to notify him of any change of address and to obtain his consent before moving my abode outside his jurisdiction.

(Date:)—,

(Signature:)—,

All persons signing the above agreement shall observe its provisions, and any failure so to do shall be a violation of these regulations. All such agreements shall be filed with the health officer and kept inaccessible to the public, as provided in Rule 10.

RULE 5. CONDITIONS UNDER WHICH THE NAME OF A PATIENT IS REQUIRED TO BE REPORTED:

(a) When a person applies to a physician or other person for the diagnosis or treatment of syphilis, gonorrhea, or chancroid, it shall be the duty of the physician or person so consulted to inquire of and ascertain from the person seeking such diagnosis or treatment whether such person has theretofore consulted with or has been treated by any other physician or person; and if so, to ascertain the name and address of the physician or person last consulted. It shall be the duty of the applicant for diagnosis or

treatment to furnish this information, and a refusal to do so, or a falsification of the name and address of such physician or person consulted by such applicant, shall be deemed a violation of these regulations. It shall be the duty of the physician or other person whom the applicant consults to notify the physician or other person last consulted of the change of advisers. Should the physician or person previously consulted fail to receive such notice within 10 days after the last date upon which the patient was instructed by him to appear, it shall be the duty of such physician or person to report to the local health officer the name and address of such venereally diseased person.

(b) If an attending physician or other person knows or has good reason to suspect that a person having syphilis, gonorrhea, or chancroid is so conducting himself or herself as to expose other persons to infection, or is about so to conduct himself or herself, he shall notify the local health officer of the name and address of the diseased person and the essential facts in the case.

RULE 6. DRUGGISTS TO KEEP RECORD OF SALES OF DRUGS FOR VENEREAL DISEASES.

Any druggist or other person who sells any drug, compound, specific, or preparation of any kind used for or believed by the druggist or person to be intended to be used for the treatment of any of said venereal diseases shall keep a record of the name and address of the person making such purchase. A copy of said record shall be mailed each week to the local health officer.

RULE 7. SPREAD OF VENEREAL DISEASE UNLAWFUL.

It shall be a violation of these regulations for any infected person knowingly to expose another person to infection with any of the said venereal diseases, or for any person to perform an act which exposes another person to infection with venereal disease.

RULE 8. PROSTITUTION TO BE REPRESSED.

Prostitution is hereby declared to be a prolific source of syphilis, gonorrhea, and chancroid, and the repression of prostitution is declared to be a public-health measure. All local and State health officers are therefore directed to cooperate with the proper officials whose duty it is to enforce laws directed against prostitution and otherwise to use every proper means for the repression of prostitution.

RULE 9. GIVING CERTIFICATES OF FREEDOM FROM VENEREAL DISEASES PROHIBITED.

Physicians, health officers, and all other persons are prohibited from issuing certificates of freedom from venereal disease; provided, this rule shall not prevent the issuance of necessary statements of freedom from infectious diseases written in such form, or given under such safeguards, that their use in solicitation for sexual intercourse would be impossible.

RULE 10. RECORDS TO BE SECRET.

All information and reports concerning persons infected with venereal diseases shall be inaccessible to the public, except in so far as publicity may attend the performance of the duties imposed by these regulations and by the laws of the State.

SMALLPOX EPIDEMIC AT EAGLE PASS, TEX., DURING THE WINTER OF 1917-18.

By C. R. ESKEY, Assistant Surgeon, United States Public Health Service.

From October 10, 1917, to March 8, 1918, 150 cases of smallpox were notified in Eagle Pass, Tex., a Mexican border town of an estimated population of 6,500, of which approximately 4,200 were Mexicans. On account of the virulence of the infection (the mortality of the cases being 22 per cent, in marked contrast to the milder types that more generally characterize smallpox outbreaks in the United States) and the availability of epidemiologic data secured, it may be not only of academic interest but some practical value to give a brief account of this epidemic.

Just across the Rio Grande from Eagle Pass is the town of Piedras Negras, Mexico, where there was also a very large epidemic of smallpox during the winter.¹ It is not known just when the epidemic began in Piedras Negras. On January 11, 1918, an authentic report was obtained stating that there were over 200 cases present on that date. No other official information was procured; but from a fairly reliable source it was learned that there had been over 300 deaths from smallpox in the Piedras Negras district during the first two months of this year. The district includes several very small towns besides Piedras Negras. From the number of deaths reported and other information received it is estimated that there were over 1,000 cases of smallpox in the district during the winter.

In both of these border towns smallpox is practically endemic. In Eagle Pass it is notified nearly every month in the year, and with the approach of winter it usually becomes epidemic. Last year 31 cases, with 6 deaths, were reported. This year the epidemics have been exceptionally large on both sides of the Rio Grande, because war conditions have produced a great unrest among the Mexican people in Texas. More than 13,000 Mexicans migrated to Mexico through this one port in the nine months ended March 31. As soon as the migrating families arrived in Mexico, where smallpox smoulders all the time, they were stricken in large numbers, because they had come from farming districts where smallpox had not been prevalent and where no attempt had been made to vaccinate them. The same conditions that operated with such violence in Piedras Negras and other Mexican communities were present in Eagle Pass, but in a much smaller degree. A large number of the 150 cases which occurred were among families that had recently moved to Eagle Pass, although not many of them brought the disease with them.

¹ A wagon and foot bridge connects the two towns, and over this passes most of the passenger traffic.

Type of Disease.

Both virulent and mild smallpox have been present during the epidemic. Mild cases occurred among those unvaccinated as well as sometimes among those with vaccination scars. The virulence decreased as the epidemic progressed, the number of deaths in the first 90 cases being 27, or 30 per cent, and in the last 60 cases 6 or 10 per cent.

Nine cases, or 6 per cent, were of the hemorrhagic type and were all fatal. Consanguinity appeared to be a factor in producing the hemorrhagic form, because all the members of two different families who were related by blood, with one exception, had the hemorrhagic type. In one family two brothers and their three children died of this fatal form, while their wives and a brother-in-law presented only the milder form. One child in this family group had the milder type. In another family group¹ two brothers and a sister died of hemorrhagic smallpox, while the wives, sick at the same time, developed the mild pustular disease.²

Smallpox Among Those Vaccinated.

Eight cases of smallpox are recorded as occurring in persons previously vaccinated. The interval between vaccination and sickness in these cases was as follows: One case, 1 year; one case, a year and a half;³ two cases, 7 years; three cases, 10 years; and one case, 25 years. One patient who had been vaccinated 7 years before, suffered from a fairly severe form of discrete smallpox; the others had very mild varioloid.

Second Attacks of Smallpox.

Reported second attacks of smallpox are very common in Eagle Pass, but absolute proof is always lacking. Four of the cases covered in this report claimed to have previously had the disease. One woman who had varioloid was able to show a few scars on her body that appeared to be old smallpox lesions. She said that she had had smallpox 30 years before. Another patient claimed to have had smallpox 20 years previously and said that he had been vaccinated at least five times without any reaction. In this connection it seems pertinent to mention the successful vaccination of two men at the United States quarantine station who both claimed to have had smallpox 30 years previously and who both had a few pits on their faces. If successful vaccination can be performed on a patient who has had smallpox, it seems that such a person, if not vaccinated, might be susceptible to a second attack.

¹ Only 1 of these cases is given in the figures for Eagle Pass, as the others were in Mexico when taken sick.

² In the first group the source of infection was the same in every case; but in the second the source is believed to have been different in the sister's case.

³ The scar that was only 1 year old was rather dubious in appearance, but the other short-period scar was typical.

Simultaneous Chicken Pox.

Coincident with the smallpox epidemic there has been a large number of cases of chicken pox, and this fact complicated the diagnosis of smallpox. In spite of the fact that all the doctors in Eagle Pass have had a large amount of experience with smallpox, they were often confused in distinguishing between these two diseases.¹ In handling varicella among the Mexican population the same measures were instituted as for smallpox. Even the yellow flag was placed at some of the houses. There is some danger, however, in allowing patients suffering from chicken pox to believe that they have smallpox, as they may not take the precaution of having vaccination performed. One such case had smallpox this winter.

Source of Infection.

Eleven cases came from Mexico during the incubation period of the disease and four other cases are believed to have had the infection carried to them from Mexico, either by visitors or by members of the family who frequented Piedras Negras.

Seven cases were traced to six different points in Texas, as follows: In October, one case came from Quemado, 14 miles from Eagle Pass and opposite Moral, Mexico, where smallpox had been flourishing and where illegal fording of the Rio Grande occurs at all times; in November, a case came from San Marcos; in January, one case came from Crystal City, about 50 miles from Eagle Pass, and one from Austin; in February, another case came from Crystal City and one from Floresville; in March, one case came from Cameto. All of these cases except one traveled overland, and it is possible that three of them contracted the disease while on their way to Eagle Pass. However, in four instances the patients were sick before starting on their journey and were transported from one town to another in the active stage of the disease.

Factors Tending to Spread Smallpox.

Unhygienic conditions.—No class of people lives under more unhygienic conditions than the greater part of the Mexican population of Eagle Pass, especially during the winter months, when often two or three families live in a one or two room shack. The worst case of overcrowding discovered was that of 15 persons living in a one-room hut. Nine of them contracted smallpox. In warm weather many families live in the open and others seek work in other communities, so that then both smallpox and overcrowding are at the minimum.

¹ Seven cases reported by the attending physician as smallpox have been discarded because they were doubtful or were proved beyond all doubt to be varicella. Only one case of chicken pox was received at the isolation camp established by the health officer, and this one was soon discharged.

Promiscuous visiting.—Mexicans, particularly the old women, are frequent visitors on both the sick and the dead, and relatives will caress the dead as well as the sick, no matter what disease is present. An undertaker reports that while he was preparing a dead smallpox case for burial in Piedras Negras last winter, 25 different persons visited the room to view the dead body. In another instance, when the health officer visited the house, a large number of persons were found viewing the corpse of a case of smallpox which had been concealed.¹

Concealment of cases.—The one factor above all others that tends to maintain and cause the spread of smallpox in Eagle Pass is concealment of the cases from the health authorities. As will be seen in Table No. 1, nine cases were hidden until the premises were inspected by the health officer because of a death at the house or because of the large number of smallpox cases occurring in the vicinity without any known source:

TABLE NO. 1.—Results of concealment of cases of smallpox.

[Cases grouped together are on the same premises.]

Case No.	Number of days concealed	Number of secondary cases.
1.....	27	14
2.....	19	
5.....	10	1
6.....	7	
8.....	10	2
64.....	15	13
66.....	23	20
80.....	15	
81.....	15	
Total, 9.....		50

One-third of the cases during the past winter have had their source traced to concealed cases, and no doubt a number of other cases would have been similarly traced if correct information could have been obtained. There is no means of ascertaining how many other concealed cases occurred. There is a local law for the prosecution of householders where hidden cases of smallpox are found, but thus far it has never been enforced.

Delayed reporting.—Eight cases of smallpox were not reported until seven or more days after the patients were taken sick and, practically, should be considered as concealed cases, the only difference being that notification was finally made. Delay in these cases was because a doctor was not called until late or, as was most usually the case, because the report was made by some one living in the neighborhood of the sick person.

¹ A rumor that this patient died under peculiar circumstances had increased the neighbors' curiosity.

Transporting smallpox.—Moving people sick with smallpox from town to town, as mentioned above, and from one part of town to another, is no small factor in causing the spread of this disease.

Method of Infection.

The following table gives all data obtainable regarding the means of infection during the epidemic. The largest percentage of the cases was traced to direct contact.

TABLE 2.—*Method of infection.*

Method.	Number of cases.	Percent-age.
Contact infection.....	51	34
Cases due to carriers.....	21	14
House infection.....	6	4
Cases of origin known but method of infection unknown.....	45	30
Source and method unknown.....	27	18

The cases due to carriers are listed under the same heading whether persons or animals acted in this capacity. Ten cases which occurred in October are believed to have been infected by a dog belonging to the family in which the first two cases of the epidemic occurred.¹ All other means of infection were ruled out in these cases. As nearly every Mexican family owns one or more dogs, probably many other cases could be attributed to this cause. Two children were infected by Mexican women who had been nursing the sick. In one case a quarantine guard is believed to have carried the disease to his child. The remaining 8 cases are supposed to have been due to carriers who had visited the sick in Eagle Pass and Mexico, and probably other cases were due to the same cause.

Cases grouped under "house infection" in the above table are those in which smallpox had been notified in the same house at some time previously and no other means of infection could be traced.² It is possible that some other method operated in these cases.

Attitude of Mexicans Toward Vaccination.

Although somewhat well informed as to the benefits to be derived from vaccination against smallpox, the Mexican population of Eagle Pass seldom seek vaccination, especially when there is no epidemic, in which respect they do not differ from the American inhabitants. The more ignorant believe that vaccination during an epidemic will

¹ This dog played with two cases of smallpox for about four weeks before their occurrence was known. Every day during this period the dog made frequent visits to the houses in which secondary cases subsequently developed and in several instances is known to have played with children who later sickened. The dog slept almost every night at the home of a family in which two of these cases developed. The dog was often on a lawn and porch where a 7-months old American child, who later developed the disease, played every afternoon.

² In the first two cases reported smallpox had occurred in the home twice before and everyone who had ever lived on the premises had suffered from the disease.

cause the disease, and this belief prevents many from seeking vaccination at such times. There were at least 5 cases in the 150 who attributed their sickness to vaccination. The lower incidence of the disease among the American residents¹ is quite largely due to the fact that they are not likely to harbor any false ideas about vaccination and nearly always seek it as soon as they find smallpox prevalent.

Incubation Period.

In Table No. 3 the incubation periods are given for 36 cases of smallpox. The interval which elapsed between the first day of sickness of the primary case and the onset of sickness in the secondary cases occurring in the same house was computed. In all of these cases immediate contact with the sick was highly probable.

TABLE 3.—*Incubation periods.*

Number of days between exposure and sickness.	Number of cases.	Number of deaths.	Ages.
10.....	3	.....	2, 10, 12.
11.....	2	.....	2, 24.
12.....	1	.....	4.
13.....	2	1	4, 6.
14.....	6	4	4, 7, 8, 20, 25, 42.
15.....	5	.....	2, 5, 6, 7, 8.
16.....	4	.....	4, 5, 8, 30.
17.....	5	2	1½, 4, 4, 5, 25.
18.....	3	.....	2, 3, 20.
19.....	1	1	5.
23.....	2	1	8, 10.
24.....	1	.....	4 months.
26.....	1	.....	Do.

The shortest incubation period is given as 10 days. There were two cases in which the incubation period was apparently only eight days; but as it was possible that a mistake had been made in the designation of the primary case, they were omitted from the table. The longest incubation periods noted were those of two 4-months' old babies. This lessened susceptibility to disease or lessened chance of exposure was noted in the case of several other very young babies.² In the other cases age appears to have played no part in determining the length of the incubation. The incubation period in the hemorrhagic cases was the same as in the cases of ordinary smallpox. In this form it varied from 14 to 20 days.

Mortality.

Thirty-three deaths occurred among the 150 cases, a mortality of 22 per cent. Nine of the fatal cases were due to the hemorrhagic form of smallpox. Two fatal cases were due to abortions complicating the disease. The only other known pregnant woman having the

¹ During the period covered by this report only four Americans had smallpox. Of these, three who had not been vaccinated were stricken during the first week of the epidemic.

² One 2-months' old baby was continually in the presence of two smallpox cases and yet was not taken sick.

disease not only survived, but gave birth to a healthy baby about one month after onset of symptoms.

Lack of proper medical treatment is believed to have materially increased the mortality during the epidemic. Seventy-seven cases treated at the isolation camp under the supervision of the health officer had a mortality of only 12.9 per cent, while the cases treated in their homes had a mortality of 31.5 per cent. In a few instances death occurred so suddenly that there was no time to move the case to the camp.

The first striking feature noticed when visiting the homes of the sick Mexicans was the great caution exercised to prevent any fresh air from entering the sick room. The attendants often objected to the opening of the door wide enough for one to enter the room. If it were not for the poor construction of most of the houses, the patients would practically smother.

Being such a common disease among Mexicans, smallpox is regarded rather lightly, despite its great death toll, and therefore home medication with old herb remedies and patent medicines is the chief treatment given the sick.¹ An exceedingly small number of Mexican cases received the advice of a physician throughout their sickness.

As the following table will indicate, the greatest death rate occurred in the female sex above the age of 15 and the smallest in the male sex below that age.

TABLE NO. 4.—*Mortality as to sex.*

	Females.			Males.		
	Cases.	Deaths.	Percent.	Cases.	Deaths.	Percent.
Under 15 years.....	52	11	21.2	51	5	9.8
Over 15 years.....	28	11	39.3	19	6	31.5
Total.....	80	22	27.5	70	11	15.7

The following table gives the mortality for different age groups:

TABLE NO. 5.—*Mortality for age groups.*

Ages (years).	Number of cases.	Number of deaths.	Percent-age.
0 to 5.....	58	10	17.2
6 to 10.....	33	5	15.1
11 to 15.....	13	1	7.6
16 to 20.....	11	4	36.3
21 to 25.....	14	5	35.7
26 to 30.....	10	2	20.0
31 to 35.....	4	1	25.0
36 to 40.....	4	3	75.0
41 to 45.....	2	1	50.0
56.....	1	1	100.0

¹ One fatal outcome from home treatment was reported in which the patient, who was apparently convalescing very satisfactorily, received a dose of horse liniment and died in a short time.

Prevention of Introduction of Smallpox from Mexico.

Vaccination.—For over two years the United States Public Health Service has maintained a force at Eagle Pass for vaccinating passengers from Mexico. In Table No. 6 will be found the results of revaccination, as followed up in over 200 cases. In the column under abortive reaction are those cases in which the reaction was not as marked as the ordinary primary reaction.

TABLE NO. 6.—Results of revaccination.

Lapse of time since former vaccination.	Failures.	Reactions.		
		Abortive.	Positive.	Reactive.
	<i>Per cent.</i>	<i>Per cent.</i>	<i>Per cent.</i>	<i>Per cent.</i>
2 to 7 years.....	82.8	7.8	9.4	17.2
7 to 15 years.....	82.9	7.1	10.0	17.1
Over 15 years.....	41.7	16.6	41.7	58.3

Vaccination at the time of entry did not prevent eight individuals from later coming down with smallpox. These cases were admitted while in the incubation period of the disease.¹ It was therefore seen that more stringent measures were necessary to prevent smallpox from being introduced from Mexico, and instructions were issued that all passengers from Mexico who had never been immunized against smallpox should be vaccinated and returned to Mexico until vesicle formation, at least, had occurred. Since this measure has been in effect only one case of smallpox has come from Mexico to Eagle Pass, and this case was passed because the quarantine inspector thought the person had had smallpox. People claiming to have had smallpox have been passed without vaccination, if they were able to demonstrate a few old cicatrices. However, as it developed that there was some danger in admitting anyone without vaccination who did not have unquestionable evidence of former smallpox, vaccination is now being performed on a large number of this doubtful type of passengers.²

¹ Eighteen days was the longest interval which elapsed from the time of vaccination until the onset of smallpox and the next longest period was 9 days. Two days was the shortest period. In three cases vaccination was successful in that a typical reaction occurred. Two children who were vaccinated on the second and third days before being taken sick had typical vaccine vesicles formed at the time of the smallpox eruption. In the third case vaccination was performed, with a typical reaction following, 9 days before the onset of smallpox and 2 days after exposure to smallpox in Mexico (the patient had been visiting in Mexico for 2 days). In this case the patient suffered from a very severe form of smallpox and died on the fourteenth day. In two instances children were vaccinated, respectively, 11 and 10 days before the onset of sickness and 4 days after exposure. The vaccinations matured typically and perfect scar formation occurred. The children had very mild varioloid.

² Besides the 8 cases mentioned above, 3 other cases occurring in Eagle Pass during the winter contracted smallpox in Mexico (crossing to this country during the incubation period of the disease). Two were children in a Mexican family of five, all of whom crossed without being inspected for vaccinations because of having a false passport. The other case was that of the man passed by the quarantine inspector because he thought he had had smallpox.

Disinfection of baggage.—All baggage brought from Mexico and belonging to the laboring class has been disinfected with steam, except in the case of certain articles that steam would destroy. Baggage belonging to any family in which there is evidence of recent smallpox is also treated with steam.

Disinfection of clothing.—The typhus-fever preventive measures, which require bathing of all passengers who are liable to harbor vermin and steam sterilization of their clothing, have probably helped in no small way to prevent the carrying of smallpox from Mexico.

Preventing dogs crossing bridge.—As it is believed that pets, especially dogs, are liable to spread smallpox, measures were taken to prevent these animals from crossing the bridge connecting Eagle Pass with Piedras Negras.

Efforts to prevent illegal entry of Mexicans.—The border is patrolled by both United States soldiers and Texas Rangers in an effort to prevent illegal entry of Mexicans. A large number of Mexicans have been apprehended fording the Rio Grande, but probably only a small proportion of those crossing in this way. Whether or not any of the cases of smallpox occurring in Eagle Pass during the past winter entered illegally or were due to carriers who entered illegally could not be ascertained.

Measures Taken to Control Smallpox in Eagle Pass.¹

Quarantine measures.—As soon as a case of smallpox is reported the house is visited by the health officer or one of the quarantine guards and a yellow flag is placed on the premises. As these flags were often difficult to find, even when one knew that smallpox was present in a certain neighborhood, early in the epidemic large placards with the word "smallpox" printed on them were also placed on the front doors of the infected houses. In addition, the gates to the yards were closed by wiring, all dogs on the premises were chained, and the family was instructed how to conduct itself. There is no law which permits complete quarantine of the house if there are wage earners present, provided the patient be isolated in a separate room; but in practically every instance members of the quarantined family who wished outside intercourse moved, so that the entire premises could be quarantined as described above. School children in the family were not allowed to attend school. The children of an entire neighborhood were kept from school during part of the epidemic. To enforce the quarantine measures guards were placed at

¹ Eagle Pass does not have a city health officer, but depends on the county health officer to institute all measures for the control of contagious diseases. As Eagle Pass is the only town in Maverick County, the health officer is able to devote nearly all of his time to it. The present county health officer has retired from active practice and devotes his whole time to county work. Besides the health officer, guards are employed to enforce local quarantine measures, five being employed at one time during the past winter.

the quarantined homes, except when the health officer believed that the family would observe his directions.

Isolation camp.—As soon as it was evident that an epidemic was present the local health officer requested that he be allowed to use the tents and camp utensils owned by the Public Health Service for an isolation camp. Permission was granted by the Surgeon General. During the epidemic 77 cases of smallpox were taken to the camp (about half the total number). As there is no local law in Eagle Pass which could be used to force patients to go to the camp, it was necessary to gain the patient's consent. He could frequently be cajoled into going.

In handling the patients at the camp no nurses or other attendants for the sick were employed. When a sick person was moved to the camp, most of the other members of the family went with him, so that the mothers or other relatives could attend the sick. In a few instances, other members of the family were taken sick with smallpox several days after reaching the camp.

Compulsory vaccination.—This measure, which is supervised by the county health officer, is required of all children attending the public schools in Eagle Pass. The value of this measure is evident from the fact that only one case of smallpox (a mild case) developed among the school children, who number about 800. Several children attending a parochial school and a private school, neither of which was as closely supervised as the public schools, were taken sick with smallpox during the epidemic. Where possible, persons in the family where a case of smallpox occurred and in the immediate neighborhood were vaccinated.

Disinfection of premises.—Sulphur was used for the disinfection of some houses before they were released from quarantine, but many places were so poorly constructed that this means of disinfection would have been of no value. Such houses were scrubbed out well and the furniture was moved out into the sun for a day or more. Old mattresses were generally burned. Families were instructed to boil all bedding and other clothing that could be treated in this way. All persons at the isolation camp had their clothing boiled before discharge.

Assistance rendered by the Public Health Service.—At the beginning of the epidemic a notice was published to the effect that persons so desiring would be vaccinated without charge at the Public Health Service Station in Eagle Pass. Over 200 local residents were so vaccinated. Several wagonloads of household goods were steam sterilized for local people. Some of the patients and their nurses were treated at the service station after being discharged from quarantine.

Measures to Prevent Interstate Spread of Smallpox.

With the cooperation of the Immigration Service, the working class of Mexicans, many of whom are being shipped to different points in the United States from Eagle Pass, have been kept under a close surveillance and must have a ticket from the Public Health Service, showing that they have been disinfected and vaccinated before departing for the interior of the country.¹

Acknowledgment.

The preceding report is based to a great extent upon data furnished by Dr. Charles Tarver, Maverick County health officer. The Public Health Service officer in charge of the quarantine work at Eagle Pass visited most of the cases covered by the report. No doubt there are errors in some of the material upon which the report is based, as the Mexican people were very indifferent about giving any information concerning themselves. However, by the use of indirect questioning a fair degree of accuracy was insured.

ANNUAL MEETING OF AMERICAN PUBLIC HEALTH ASSOCIATION.

The annual meeting of the American Public Health Association will be held at Chicago, with headquarters in the Hotel Morrison, on October 14-17, 1918. Among the speakers will be Surg. Gen. Gorgas, Col. Victor C. Vaughan, and Maj. William H. Welch, of the Army Medical Corps; George E. Vincent, president of the Rockefeller Foundation; Dr. Charles J. Hastings, president of the American Public Health Association; Asst. Surgs. Gen. J. W. Schereschewsky, B. S. Warren, and Allan J. McLaughlin, United States Public Health Service; and Drs. W. A. Evans, Ernest S. Bishop, Lee K. Frankel, and Frederick L. Hoffman. The preliminary program for the meetings is as follows:

Program of the General Sessions.

Presidential address. Charles J. Hastings, M. D., Toronto, Ontario.

Team-play for Public Health. George E. Vincent, president, Rockefeller Foundation, New York City.

Address: (Subject to be announced). W. C. Gorgas, Surgeon General, United States Army.

Preservation of the Health of the Civil Population during the War. Victor C. Vaughan, colonel, Medical Corps, National Army.

Some Public Health Problems and Opportunities Created by the War. William H. Welch, major, Medical Corps, National Army.

The Accomplishments of Public Health. Statistical and Historical Evidence. Frederick L. Hoffman, Ph. D., statistician, Prudential Life Insurance Co., Newark, N. J.

¹The disinfection of these people consists of steam sterilization of their clothing and baggage, and bathing of the person. During the bath they are inspected for vaccinations.

War-time Importance of Narcotic Drug Addiction. Ernest S. Bishop, professor of clinical medicine, New York University and Bellevue Hospital Medical College, New York City.

The Future of the American Public Health Association. Lee K. Frankel, Ph. D., treasurer, American Public Health Association, New York City.

Reorganization of the American Public Health Association. W. A. Evans, M. D., Chicago, Ill.

Program of the Public Health Administration Section.

War and the Conservation of Child Life. S. Josephine Baker, M. D., department of health, New York City.

Scoring of Health Activities in Cities. Paul B. Brooks, M. D., State health department, Albany, N. Y.

Rural Sanitary Privies. Warren H. Booker, State board of health, Raleigh, N. C.

Fashions as Affecting Public Health. Jeanette Throckmorton, Chariton, Iowa.

Taking the Board of Health to the People. Dr. B. L. Arms, chief bacteriologist, State board of health, Jacksonville, Fla.

War Program of the Federal Children's Bureau. Speaker to be announced later.

Venereal Diseases. Dr. John Dill Robertson, health commissioner, Chicago, Ill.

Vaccination as a War Measure. Dr. Maurice Ostheimer, department of health, Philadelphia, Pa.

A Plea for a Public Health Magazine. Dr. B. Liber, New York City.

A joint session with the laboratory section. See laboratory section program.

Round table discussion of unusual experiences, by 20 health officers.

Committee reports:

(a) On National Program of Prenatal Care.

(b) On Standard Regulations for the Control of Communicable Diseases.

(c) On Standardization of the Work of Public Health Officials.

(d) On Rural Health Administration.

(e) On Venereal Diseases.

Program of the Sociological Section.

ROUND TABLE DISCUSSION.

What is the Effect of the High Cost of Living on Public Health?

Leaders: John Dill Robertson, M. D., commissioner of health, Chicago, Ill.; Louis Harris, M. D., director bureau of preventable diseases, New York, N. Y.; E. R. Kelley, M. D., State commissioner of health, Boston, Mass.

What is the Relation of Wages to Public Health?

The Relation of Wages to Public Health. B. S. Warren, Assistant Surgeon General, Public Health Service, Washington, D. C.

The Relation of Wages to Public Health as Viewed by Labor. Arthur E. Holder, member Federal Board for Vocational Education, Washington, D. C.

The Relation of Wages to Infant Mortality. Miss Julia Lathrop, Director Federal Children's Bureau, Washington, D. C.

Discussant, H. A. Millis, secretary, Illinois Health Insurance Commission, Chicago, Ill.

How may Hospital and Dispensary Organizations be Reconstructed for Increased Social Efficiency?

Group Medicine. Michael M. Davis, jr., Ph. D., director, Boston City Dispensary, Boston, Mass. Discussant, W. A. Sawyer, major, Medical Reserve Corps, Washington, D. C.

Corporation Hospitals and Dispensaries. Harry E. Mock, lieutenant colonel, Medical Reserve Corps, Washington, D. C. Discussant, Loyal A. Shoudy, chief surgeon, Bethlehem Steel Co., Pittsburgh, Pa.

Hospital and Dispensary Organizations. R. A. Bolt, M. D., chief of bureau child hygiene, department of public welfare, division of health, Cleveland, Ohio.

What Adjustment in Health Administration Must be Made as a Result of War Conditions?

Venereal Diseases. William F. Snow, major, Medical Reserve Corps, Washington, D. C. Discussant, S. J. Crumbine, secretary, Kansas State Board of Health, Topeka, Kans.

Tuberculosis. Donald B. Armstrong, M. D., Framingham, Mass. Discussant, Hoyt E. Dearholt, M. D., executive secretary, the Wisconsin Anti-Tuberculosis Association, Milwaukee, Wis.

Industrial Accidents and Diseases. Emery R. Hayhurst, M. D., consultant, division of industrial hygiene, Ohio State Department of Health, Columbus, Ohio.

Program of the Section on Industrial Hygiene.

FIRST SESSION.—THE PROBLEMS OF INDUSTRIAL HYGIENE.

The Problems of Industrial Hygiene. George M. Price, M. D., New York, N. Y.

The Problem of Organic Dust in Modern Industries. Dr. Frederick L. Hoffman, Newark, N. J.

The Problem of Industrial Poisons. J. W. Schereschewsky, Assistant Surgeon General, U. S. Public Health Service, Washington, D. C.

The Problem of Industrial Fatigue. Frederic Lee, M. D., New York, N. Y.

The Problem of Compensation for Industrial Disease. Frederic L. Van Sickle, M. D., Olyphant, Pa.

The Problem of Women in Industry. Elizabeth B. Bricker, M. D., Harrisburg, Pa.

SECOND SESSION.—THE PROBLEMS OF THE WAR INDUSTRIES.

The Explosives Industry. W. G. Hudson, M. D., Wilmington, Del.

The Textile Industry. A. J. Lanza, M. D., U. S. Public Health Service.

The Dye Industry. Alice Hamilton, M. D., Chicago, Ill.

The Steel Industry. Loyal A. Shoudy, M. D., Bethlehem, Pa.

The Shipbuilding Industry. Lieut. Col. Philip S. Doane, Philadelphia, Pa.

THIRD SESSION.—INDUSTRIAL HYGIENE IN RELATION TO THE EFFICIENCY OF THE WORKER.

Housing. Royal Meeker, M. D., Washington, D. C.

Lighting. Prof. C. E. Clewell, Philadelphia, Pa.

The Clinic for Vocational Diseases. Louis I. Harris, M. D., New York.

Industrial Medicine and Surgery in Relation to War and Production. Otto P. Geier, M. D., Cincinnati, Ohio.

Program of the Section on Vital Statistics.

FIRST SESSION.

An Inquiry Into the Reliability of Causes of Death. Louis I. Dublin, Ph. D., and George H. Van Buren.

Election of nominating committee.

Report of the Committee on Institutional and Hospital Statistics. Frederick L. Hoffman, Ph. D., chairman.

- Report of the Committee on Morbidity Reports and Statistics. A. J. Chesley, M. D., chairman.
- Report of the Committee on Membership. Charles F. Boldman, M. D., chairman.
- Report of the Committee on the Accuracy of Certified Causes of Death and Its Relation to Mortality Statistics and the International List. Haven Emerson, M. D., chairman.
- Report of the Committee on Legislation. Charles V. Chapin, M. D., chairman.

SECOND SESSION.

- Report of Nominating Committee and Election of Officers and Section Council.
- Report of Committee on Morbidity Records and Mortality Statistics in Industry. Louis I. Dublin, Ph. D., chairman.
- Difficulties Encountered in Allocating Nonresident Deaths in the State of New York. Otto R. Eichel, M. D.
- Relation of Vital Statistics to Public Health Administration. Wm. F. Petrie.
- Collection of Birth Records in Thinly Settled Communities. L. W. Feezer.
- Report of the Committee on Amendments to the Standard Certificate of Birth. William H. Davis, M. D., chairman.

THIRD SESSION.

- The Pioneer Registration State of the West. Wm. F. Petrie.
- Report of the Committee on Registration Affairs. William H. Davis, M. D., chairman.
- Report of the Committee on the 1920 Census and Its Relation to Vital Statistics. Wm. H. Guilfooy, M. D., chairman.
- Family Statistics from Registration Sources. Edwin W. Kopf.
- Cooperation of State and Federal Governments in the Registration of Births and Deaths. John Emerson Monger, M. D.
- Birth Registration in Connecticut. James P. Balfe.

FOURTH SESSION.

- Report of Section Council and Nomination of Standing Committees for Ensuing Year.
- The Toll of the Degenerative Diseases. A Plan for Its Reduction. E. B. Fink, Chicago, Ill.
- Nine Months of Infant Mortality in the United States During War. Frederick S. Crum, Ph. D.
- Report of the Committee on Forms and Methods of Statistical Practice. Walter F. Willcox, Ph. D., chairman.
- Report of the Committee on Nonresident Deaths. W. R. Batt, M. D., chairman.
- Report of the Committee on Resolutions. Wm. F. Guilfooy, M. D., chairman.
- Unfinished business.

Program of the Food and Drugs Section.

FIRST SESSION.

- General considerations on war-time foods.—Address of chairman: The Food Supply of the United States after a Year of War.
- Reports of committees on: Conservation and Development of Food Supplies; Municipal Food Administration; Nutritional Problems.
- What is a "Balanced Ration"?
- Why the Maintenance of the Dairy Industry is Paramount for a Nation at War.
- The Real Relation of Foods and Food Inspection to the Public Health.

SECOND SESSION.

The Civilian's Foods in War time:

Reports of committees on Preparation, Packing, and Transportation of Foods;
Relation of Foods to Disease; Retail Distribution and Marketing.

A Year's Changes in Food Habits.

Meats—The Present Aspect of Supply, Conservation, and Development.

The Interrelation of Controls of Quantity and Purity of Foods. The Irreducible
Minima of the Latter in War time.

Substitutes and Surrogates: Some Lessons from Europe.

THIRD SESSION.

The Soldier's Food:

Reports of committees on Canning, Cold Storage, and Meat Inspection.

The Fighter's Food Needs.

Hospital Food Needs.

Conservation in Camp Feeding.

The Organization of an Army's Food Supply.

FOURTH SESSION.

(Probably a joint session with the sociological section.)

Reports of committees on Drugs and Nostrums, Habit-forming Drugs, and Milk and
Dairy Products.

Price Control of Foods. Why is it Justified?

The Supply of Pharmaceuticals in War Time; Importance and Dangers.

Legitimate Use of Narcotics in War Time.

Two War Jokers in Narcotics.

Program of the Sanitary Engineering Section.

Committee on Air Supplies. Prof. F. H. Bass, Minneapolis, Minn., chairman.

Committee on Water Supplies. F. F. Longley, New York, chairman. Edward E.
Wall, St. Louis, Mo., acting chairman.

Committee on Sewerage and Sewage Disposal. Frank A. Barbour, Boston, Mass.,
chairman.

Committee on Sanitary Control of Waterways. H. P. Eddy, Boston, Mass, chairman.

Committee on Refuse Collection and Disposal. Samuel A. Greeley, Chicago, chairman.

Committee on Street Cleaning. James W. Paxton, Washington, D. C., chairman.

Committee on Constitution. Samuel A. Greeley, Chicago, chairman.

Committee on Works Operation and Analytical Methods. Chas. B. Hoover, Columbus,
Ohio, chairman.

Committee on Plumbing and Drainage of Buildings. No chairman.

Committee on Milk Pasteurization. H. A. Whittaker, State sanitary engineer, Minne-
apolis, Minn., chairman.

The Work of the Department of Health and Sanitation of the United States Shipping
Board. Lieut. Col. P. S. Doane, Philadelphia, Pa.

—— Prof. E. B. Phelps, U. S. Public Health Service, Washington, D. C.

The Sewage Treatment Problem in Chicago. C. D. Hill, engineer, board of local
improvements, Chicago, Ill.

Dissolved Oxygen as an Index of Pollution of New York Harbor. Kenneth Allen,
New York City.

The Recognition Given the Sanitary Engineering Work in the Government War
Activities. George W. Fuller, New York City.

The Chlorination of the Chicago Water Supply. John Erickson, Chicago, Ill.

Chemical Control of Water Chlorination. W: J. Allen.

Garbage Improvement at Louisville. Samuel A. Greeley, Chicago, Ill.

PREVALENCE OF DISEASE.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

UNITED STATES.

EXTRA-CANTONMENT ZONES—CASES REPORTED WEEK ENDED SEPT. 14.

CAMP DEAUREGARD ZONE, LA.		CAMP DODGE ZONE, IOWA.	
Gonorrhoea:	Cases.	Des Moines:	Cases.
Alexandria.....	7	Diphtheria.....	5
Pineville.....	1	Scarlet fever.....	4
Rural district.....	1	CAMP DONIPHAN ZONE, OKLA.	
Malaria:		Lawton:	
Alexandria.....	4	Chancroid.....	1
Rural district.....	2	Diphtheria.....	1
Tioga.....	1	Gonorrhoea.....	13
Pneumonia:		Syphilis.....	1
Alexandria.....	1	CAMP EBERTS ZONE, ARK.	
Syphilis:		Gonorrhoea:	
Alexandria.....	1	England.....	1
Typhoid fever:		Malaria:	
Alexandria.....	1	Carlisle.....	7
Pineville.....	1	Carlisle, route 1.....	2
Tioga.....	1	Coy.....	1
Whooping cough:		England, route 1.....	3
Alexandria.....	1	England, route 3.....	1
CAMP BOWIE ZONE, TEX.		Keo.....	2
Fort Worth:		Kerr, route 1.....	2
Chancroid.....	24	Plum Bayou.....	2
Gonorrhoea.....	173	Pellagra:	
Syphilis.....	42	England.....	1
Typhoid fever.....	1	Syphilis:	
BREMERTON ZONE, WASH.		Scotts.....	1
Measles.....	1	Tuberculosis:	
Mumps.....	1	Cabot.....	1
Scarlet fever.....	5	Typhoid fever:	
Whooping cough.....	1	England, route 2.....	1
CAMP DEVENS ZONE, MASS.		England, route 3.....	2
Measles:		Lonoke.....	1
Pepperell.....	1	Whooping cough:	
Polio-myelitis:		Cabot.....	1
Shirley.....	1	CAMP FUNSTON ZONE, KANS.	
Scarlet fever:		Junction City:	
Shirley.....	1	Diphtheria.....	1
Whooping cough:		Diphtheria carriers.....	11
Lancaster.....	4	Gonorrhoea.....	2
CAMP DIX ZONE, N. J.		Pneumonia.....	1
Diphtheria:		Typhoid fever.....	1
Pemberton Township.....	1		

CAMP FUNSTON ZONE, KANS.—continued.

Manhattan:	Cases.
Cerebrospinal meningitis.....	1
Gonorrhoea.....	4
Measles.....	1
Mumps.....	1

CAMP GORDON ZONE, GA.

Atlanta:	Cases.
Diphtheria.....	5
Gonorrhoea.....	41
Malaria.....	3
Measles.....	7
Scarlet fever.....	4
Smallpox.....	2
Syphilis.....	34
Tuberculosis.....	8
Typhoid fever.....	7
Whooping cough.....	3

Atlanta, R. F. D.:

Diphtheria.....	1
Scarlet fever.....	2
Smallpox.....	2

Chamblee:

Measles.....	2
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CAMP GREENE ZONE, N. C.

Charlotte Township:

Chancroid.....	2
Diphtheria.....	4
Gonorrhoea.....	14
Mumps.....	2
Scarlet fever.....	3
Syphilis.....	17
Trachoma.....	1
Tuberculosis.....	5
Typhoid fever.....	18
Whooping cough.....	2

GULFPORT HEALTH DISTRICT, MISS.

Diphtheria.....	2
Gonorrhoea.....	5
Malaria.....	13
Mumps.....	3
Syphilis.....	1
Tuberculosis.....	1
Typhoid fever.....	1

CAMP HANCOCK ZONE, GA.

Augusta:	Cases.
Diphtheria.....	2
Gonorrhoea.....	1
Malaria.....	3
Septic sore throat.....	1
Tuberculosis.....	6
Typhoid fever.....	4

Richmond County:

Malaria.....	2
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CAMP JOSEPH E. JOHNSTON ZONE, FLA.

Chancroid:	
Jacksonville.....	1
Dysentery:	
Jacksonville.....	2
Gonorrhoea:	
Jacksonville.....	71

CAMP JOSEPH E. JOHNSTON ZONE, FLA.—continued.

Malaria:	Cases.
Fishers Corner.....	2
Jacksonville.....	4
Lackawanna.....	1
Panama Park.....	2

Measles:

Ortega.....	5
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Mumps:

Jacksonville.....	1
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Syphilis:

Jacksonville.....	56
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Tuberculosis:

Fishers Corner.....	1
Jacksonville.....	5

Typhoid fever:

Jacksonville.....	3
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Whooping cough:

Jacksonville.....	3
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FORT LEAVENWORTH ZONE, KANS.

Gonorrhoea:

Leavenworth.....	7
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Pneumonia, lobar:

Leavenworth County.....	1
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CAMP LEE ZONE, VA.

Hopewell:

Whooping cough.....	5
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Petersburg:

Diphtheria.....	2
Poliomyelitis.....	1
Scarlet fever.....	1
Tuberculosis.....	3
Typhoid fever.....	2

Prince George County:

Typhoid fever.....	1
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CAMP LEWIS ZONE, WASH.

Steilacoom:

Diphtheria.....	1
Mumps.....	1

CAMP LOGAN ZONE, TEX.

Houston:

Diphtheria.....	8
Gonorrhoea.....	2
Malaria.....	1
Measles.....	1
Smallpox.....	1
Syphilis.....	1
Tuberculosis.....	5
Typhoid fever.....	1
Whooping cough.....	6

United States Government clinic:

Gonorrhoea.....	39
Syphilis.....	15

CAMP M'ARTHUR ZONE, TEX.

Precinct 2:

Typhoid fever.....	1
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Waco:

Diphtheria.....	1
Gonorrhoea.....	16
Syphilis.....	4
Tuberculosis.....	1

CAMP M'CLELLAN ZONE, ALA.

Anniston:	Cases.
Gonorrhea.....	13
Mumps.....	1
Smallpox.....	2
Syphilis.....	1
Tuberculosis.....	1
Typhoid fever.....	3
Whooping cough.....	1

NEW LONDON SANITARY DISTRICT, CONN.

Gonorrhoea:	
Voluntown.....	2
Influenza:	
New London.....	12
Pneumonia:	
Norwich.....	2
Syphilis:	
Norwich.....	1
Tuberculosis:	
Groton.....	1
Jewett City.....	1
New London.....	1
Norwich.....	1
Preston.....	3
Typhoid fever:	
Norwich.....	2

FORT OGLETHORPE ZONE, GA. AND TENN.

Cerebrospinal meningitis:	
Chattanooga.....	1
Diphtheria:	
Chattanooga.....	1
Gonorrhoea:	
Chattanooga.....	16
East Chattanooga.....	1
Measles:	
Chattanooga.....	1
Paratyphoid fever:	
North Chattanooga.....	1
Pneumonia:	
Rossville, Ga.....	1
Scarlet fever:	
Eastlake.....	1
North Chattanooga.....	1
Syphilis:	
Chattanooga.....	10
Eastlake.....	1
Rossville, Tenn.....	1
Tuberculosis:	
Chattanooga.....	1
Typhoid fever:	
Chattanooga.....	1
Eastlake.....	1

CAMP PIKE ZONE, ARK.

Asthma:	
Little Rock.....	1
Chancroid:	
Little Rock.....	3
Diphtheria:	
Little Rock.....	1
Gonorrhoea:	
Little Rock.....	19
Scotts.....	2
Malaria:	
Levy.....	1
Little Rock.....	11
North Little Rock.....	4
Scotts.....	1

CAMP PIKE ZONE, ARK.—continued.

Pneumonia:	Cases.
Little Rock.....	1
Septic sore throat:	
Scotts.....	1
Syphilis:	
Little Rock.....	8
Scotts.....	3
Tuberculosis:	
Little Rock.....	6
Typhoid fever:	
Little Rock.....	3
PORTSMOUTH AND NORFOLK COUNTY HEALTH DISTRICT, VA.	
Chancroid:	
Norfolk.....	1
Diphtheria:	
Chesterfield Heights.....	1
Norfolk.....	3
Gonorrhoea:	
Norfolk.....	15
Portsmouth.....	2
Malaria:	
Norfolk County.....	1
Ocean View.....	1
Rosmont.....	1
South Norfolk.....	2
Measles:	
Portsmouth.....	1
Smallpox:	
Portsmouth.....	1
Syphilis:	
Norfolk.....	4
South Norfolk.....	1
Tuberculosis:	
Portsmouth.....	1
South Norfolk.....	1
Typhoid fever:	
Norfolk.....	8
Norfolk County.....	2
Oakwood.....	2
Portsmouth.....	10
Quartermaster terminal.....	1
Whooping cough:	
South Norfolk.....	1
PORTSMOUTH-KITTERY SANITARY DISTRICT, N. H. AND ME.	
Chicken pox:	
York.....	1
Gonorrhoea:	
Portsmouth.....	5
York.....	1
Measles:	
Kittery.....	3
Syphilis:	
Portsmouth.....	2
York.....	2
Whooping cough:	
Newington.....	2
North Hampton.....	7
CAMP SEVIER ZONE, S. C.	
Greenville Township:	
Diphtheria.....	2
Malaria.....	1
Measles.....	1
Tuberculosis.....	1
Typhoid fever.....	1
Whooping cough.....	1

CAMP SHELDT ZONE, MISS.

	Cases,
Greene County:	
Typhoid fever	1
Hattiesburg:	
Chancroid	1
Diphtheria	3
Gonorrhoea	7
Syphilis	1
Whooping cough	2
Perry County:	
Typhoid fever	2

CAMP SHERIDAN ZONE, ALA.

Montgomery:	
Diphtheria carriers	4
German measles	1
Malaria	1
Measles	1
Scarlet fever	1
Tuberculosis, pulmonary	1
Whooping cough	2
Montgomery County:	
Malaria	1
United States Government clinic:	
Chancroid	9
Gonorrhoea	12
Syphilis	6

CAMP SHERMAN ZONE, OHIO.

Gonorrhoea:	
United States Government clinic	25
Syphilis:	
United States Government clinic	1
Typhoid fever:	
Liberty Township	1
Scioto Township	1
Whooping cough:	
Chillicothe	1

CAMP ZACHARY TAYLOR ZONE, KY.

Cerebrospinal meningitis:	
Louisville	1
Chancroid:	
United States Government clinic	2
Continued fever:	
Louisville	3
Diphtheria:	
Jefferson County	1
Louisville	2
Gonorrhoea:	
Louisville	2
New Albany, Ind.	1
United States Government clinic	30
Hookworm:	
Louisville	1
Measles:	
Louisville	1
Rabies in animal:	
Louisville	1
Scarlet fever:	
Louisville	1
Smallpox:	
Louisville	1

CAMP ZACHARY TAYLOR ZONE, KY.—continued.

	Cases.
Syphilis:	
U. S. Government clinic	23
Tuberculosis, pulmonary:	
Clark County, Ind.	1
Jeffersonville, Ind.	1
Louisville	14
Typhoid fever:	
Jefferson County	3
Louisville	7
Whooping cough:	
Jefferson County	1
Jeffersonville, Ind.	2

CAMP TRAVIS ZONE, TEX.

San Antonio:	
Chancroid	9
Diphtheria	1
Gonorrhoea	23
Malaria	1
Pellagra	1
Syphilis	19
Tuberculosis	7
Typhoid fever	3

CAMP UPTON ZONE, N. Y.

Tuberculosis:	
Brook Haven	1
Patchogue	1

CAMP WADSWORTH ZONE, S. C.

Chicken pox:	
Spartanburg County	1
Diphtheria:	
Drayton	1
Spartanburg	13
Gonorrhoea:	
Glendale	2
Roebuck	1
Spartanburg	15
Mumps:	
Spartanburg	2
Typhoid fever:	
Spartanburg	2
Whooping cough:	
Spartanburg	1

CAMP WHEELER ZONE, GA.

Bibb County:	
Typhoid fever	1
Macon:	
Gonorrhoea	1
Malaria	7
Scarlet fever	1
Syphilis	1
Tuberculosis	7
Typhoid fever	2
Whooping cough	7
United States Government clinic:	
Chancroid	1
Gonorrhoea	6
Syphilis	10

DISEASE CONDITIONS AMONG TROOPS IN THE UNITED STATES.¹

The following data are taken from telegraphic reports received in the office of the Surgeon General, United States Army, for the week ended September 6, 1918:

Annual admission rate per 1,000 (disease only):	Noneffective rate per 1,000 on day of report—Contd.
All troops..... 960.77	Cantonments..... 36.91
Divisional camps..... 1,061.70	Departmental and other troops..... 31.35
Cantonments..... 1,100.27	Annual death rate per 1,000 (disease only):
Departmental and other troops..... 694.72	All troops..... 2.65
Noneffective rate per 1,000 on day of report:	Divisional camps..... 3.95
All troops..... 36.43	Cantonments..... 2.10
Divisional camps..... 43.36	Departmental and other troops..... 2.6 ₁

Cases of special diseases reported during the week ended Sept. 6, 1918.

Camp	Pneumonia.	Dysentery.	Malaria.	Venereal diseases.		Measles.	Meningitis.	Scarlet fever.	Deaths.	Annual admission rate per 1,000 (disease only).	Noneffective rate per 1,000 on day of report.
				Total.	New infections.						
Beauregard.....	3		12	28		7				1,070.1	83.13
Bowie.....				26	5					867.2	21.97
Cody.....	2		1			1				407.1	95.1
Forrest.....										265.8	1.91
Fremont.....	13	1		30	9		1		2	638.1	42.00
Greene.....		1		135	8					1,693.9	35.42
Greenleaf.....	1	1		20		24	2		2	570.0	33.83
Hancock.....	5		3	178	16	1			1	754.4	37.40
Kearny.....	2		1	93	9		1			947.4	40.51
Logan.....	2		4	72	18	1			2	1,503.4	42.44
MacArthur.....	6		1	8	8	2			2	581.2	63.02
McClellan.....	8		5	76	7	38			2	1,220.2	47.77
Seller.....	4		7	35	7	9	1		1	583.6	29.06
Shelby.....	31		5	47	6	58			2	1,937.8	57.55
Sheridan.....	6		1	265	11	31			1	1,531.26	45.37
Syracuse.....				7						153.7	4.52
Wadsworth.....	11		3	478	7				3	2,077.6	52.75
Wheeler.....	22			46	6				12	1,026.6	54.12
Custer.....				19	54					587.0	7.56
Devens.....	33			65		22		1	4	547.7	31.40
Dick.....	18			92		20	1	1	1	172.0	30.15
Dodge.....	4		3	229	4	9		1	2	1,362.5	72.12
Fahstun.....	3		6	333		31			3	828.9	42.56
Gordon.....	20		6	190		87			4	1,744.1	61.62
Grant.....	3		1	97	5	6			3	398.9	15.74
Humphreys.....	6		3	140	5	2				886.0	20.57
Jackson.....	3		3	265	3	6			1	938.1	40.90
J. F. Johnston.....	7		14	81	59	8			1	1,193.7	34.47
La Casca.....	3		2			35			1	1,097.1	50.84
Lee.....	2	2	2	55	4	9			2	555.9	38.20
Lewis.....	9		2	210	1	6		2		951.8	36.89
Meade.....	7		2	327	6	30			3	1,160.9	22.60
Pike.....	9		11	3,534	6	25	2		1	4,311.3	44.29
Sherman.....	6		1	61	4	8				1,202.1	56.82
Taylor.....	15		168	9	53	1	1	1	4	791.8	30.52
Travis.....	4		2	78	1	4	1			1,115.1	41.42
Upton.....	4			183	4	5			2	572.9	36.50
Northeast department.....				20	4				1	669.1	24.83
Eastern department.....	2		1	74	28	1			1	588.9	23.72
Southeastern department.....	2	9	6	69	22	19				956.4	51.23
Central department.....	6			52	10	2		1	3	690.2	25.07
Southern department.....	5	3	8	105	40				3	791.8	32.22
Western department.....				19	9	3			2	538.9	18.71
Aviation camps.....	5	1	9	98		3			6	614.75	27.17
Ports of embarkation:											
Hoboken.....	8			662	68	32	3	1	3	1,241.5	60.29
Newport News.....	33	8	19	199	3	4	1	4	4	1,106.3	68.6
Alcatraz.....										592.6	31.34
Leavenworth, disciplinary barracks.....			1							606.6	28.05
Columbus Barracks.....										377.9	44.33
Jefferson Barracks.....				42	2	1				1,360.0	78.49
Fort Logan.....										546.9	50.23
Fort McDowell.....	2			3						743.3	56.53
Fort Slocum.....				9	3					643.9	56.11
Fort Thomas.....	1			2						856.9	40.54
West Point.....									1	573.8	7.35
Arsenals.....			2	7	4	5			1	538.8	17.46
Miscellaneous small stations.....			2	1						587.9	12.43
General hospitals.....									10		
Total.....	333	26	149	9,211	459	608	14	9	95	960.57	31.43

¹ Including Porto Rico.

Annual rate per 1,000 for special diseases.

Disease	All troops in United States. ¹	Departmental and other troops. ¹	Divisional camps. ¹	Cantonments. ¹	Expeditionary forces. ²
Pneumonia.....	11.31	6.69	19.69	11.09	11.51
Dysentery.....	.38	2.19	.49	.14	7.87
Malaria.....	5.06	5.01	7.07	4.20	.78
Venereal.....	313.05	142.41	253.8	457.47	19.39
Paratyphoid.....	.10	.0	.0	.21	.04
Typhoid.....	.33	.10	.66	.36	.78
Meningitis.....	20.66	7.31	23.31	26.54	5.94
Scarlet fever.....	.47	.41	.82	.36	.63
Scarlet fever.....	.30	.20	.32	.36	.0

¹ Week ended Sept. 6, 1918.² Week ended Aug. 30, 1918

Annual death rate (disease only), all troops in United States and American Expeditionary Force, France, for the week ending August 30, 1918, 2.13

CURRENT STATE SUMMARIES.

Telegraphic Reports for Week Ended Sept. 14, 1918.

Alabama.—By counties. Typhoid fever: Autauga 1, Choctaw 1, Colbert 4, Coosa 2, Geneva 2, Greene 4, Henry 1, Jefferson 49, Lamar 2, Lauderdale 4, Madison 2, St. Clair 1, Sumter 8, Walker 6, Washington 1; total 90. Malaria: Bibb 1, Choctaw 1, Colbert 23, Greene 38, Henry 4, Jefferson 3, Lamar 5, Lauderdale 1, Madison 3, Pickens 5, Sumter 1, Walker 8; total 95. Total for State: Scarlet fever 11, diphtheria 66, smallpox 9.

Arkansas.—By counties. Malaria: Craighead 18, Drew 1, Izard 12, Jefferson 3, Sebastian 98, Clarendon 2, Camden 10, Stevens 5. Typhoid fever: Franklin 20, Conway 5, Izard 8, Sebastian 5. Tuberculosis: Conway 1, Craighead 1, Drew 3, Jefferson 1, Camden 1. Diphtheria: Sebastian 1, Stevens 2. Pellagra: Conway 1, Camden 1. Scarlet fever: Sebastian 5. Trachoma: Craighead 1, Stevens 4.

California.—Six cases cerebrospinal meningitis; 1 Bakersfield, 1 Berkeley, 1 Los Angeles City, 1 San Diego City, 2 San Francisco. One case poliomyelitis, Riverside City. Fourteen cases typhoid fever, well scattered throughout State. Six cases smallpox; 3 Kern County, 2 San Francisco, 1 Fresno County. No increase in prevalence of other diseases over past week.

Connecticut.—Typhoid fever: State total 47. Poliomyelitis: New Haven 2, Hartford 2, New Britain 1, East Hartford 1.

Illinois.—Diphtheria: One hundred and ten, of which in Chicago ninety. Scarlet fever: Thirty-one. Smallpox: Four. Meningitis: Chicago 4. Poliomyelitis: Twenty-six; 1 each Belvidere, Batavia Township (Kane County), Zion City, Coral Township (McHenry County), Crystal Lake, Zanesville Township (Montgomery County), Evanston, Franklin Grove, Alvin, Carlinville, Granville Township (Putnam County), Exeter precinct (Scott County), Monmouth, and

Plainfield Township (Will County); Chicago 4, Dury Township (Rock Island County), 3, and DeKalb 5.

Iowa.—Chancroid: Cedar Rapids 1, Council Bluffs 5, Sioux City 2. Diphtheria: Burlington 1, Bussey 1, Cedar Rapids 1, Davenport 3, Des Moines 5, Hiteman 2, Mason City 1, Ottumwa 1, South Fort Des Moines 2. Gonorrhoea: Alden 2, Cedar Rapids 9, Clarion 1, Council Bluffs 24, Davenport 9, Emmetsburg 1, Fort Dodge 1, Lake City 1, Onawa 1, Sioux City 33, Whiting 3. Measles: Madrid 3. Poliomyelitis: Clinton 1, Farmersburg 1, Harpers Ferry 1. Scarlet fever: Burlington 1, Des Moines 4, Dubuque 1, Fort Dodge 1, Tabor 2. Smallpox: Cedar Rapids 1, Council Bluffs 1, Dubuque 2. Syphilis: Burlington 3, Council Bluffs 3, Davenport 4, Sioux City 18. Whooping cough: Clermont 1, Council Bluffs 1. In rural districts of following counties: Cerebrospinal meningitis: Louisa 1. Diphtheria: Hamilton 1, Marion 1, Harrison 1. Measles: Hamilton 1. Poliomyelitis: Jackson 1. Scarlet fever: Cerro Gordo 1. Decatur 1, Winneshiek 1. Whooping cough: Hamilton 6.

Kansas.—Waubunsee County: Poliomyelitis 1.

Reported by mail for preceding week (ended September 7):

	Cases.		Cases.
Cancer.....	1	Pellagra.....	2
Chicken pox.....	1	Poliomyelitis.....	6
Diphtheria.....	31	Scarlet fever.....	12
Erysipelas.....	1	Smallpox.....	19
German measles.....	1	Syphilis.....	14
Gonorrhoea.....	63	Tetanus.....	1
Measles.....	2	Tuberculosis.....	27
Mumps.....	8	Typhoid fever.....	95
Ophthalmia neonatorum.....	1	Whooping cough.....	24

Louisiana.—Poliomyelitis 4, typhoid fever 31, diphtheria 17.

Massachusetts.—Unusual prevalence. Measles: Montague 10. Typhoid fever: Athol 2, Marlboro 20, Walpole 3. Whooping cough: Cambridge 26.

Minnesota.—Smallpox (new foci): Dodge County, Mantorville Township, 1; Wright County, Buffalo village, 1. Three poliomyelitis and 2 cerebrospinal meningitis cases reported since September 9.

Nebraska.—Scarlet fever: Cozard, Paxton, Omaha, Franklin. Smallpox: Malcolm, Ashland.

New Jersey.—No outbreak nor unusual prevalence.

New York.—Outside of New York City. Diphtheria: Seventy-three. Smallpox: Two. Typhoid fever: Ninety-three, of which in Watertown 8, Tuscarora town 5, Kingston —. Poliomyelitis: Thirteen, of which in Rochester 4, Wolcott 2, Carroll 2.

Ohio.—No undue prevalence.

South Carolina.—Sixty cases trachoma, school children, Darlington County. Typhoid fever: Epidemic Beaufort County, Anderson,

and Calhoun. Cerebrospinal meningitis: One case Elloree (Orangeburg County). Diphtheria: Epidemic Spartanburg and Oconee Counties. Scarlet fever: Epidemic Dillon County.

Vermont.—No outbreak nor unusual prevalence.

Virginia.—One case smallpox Portsmouth, 1 Newport News. One case poliomyelitis Southampton County.

Washington.—Smallpox: Wenatchee 3, Mansfield 1, Seattle 3, Raymond 3, Spokane 11, Coifax 3. Typhoid fever: Spokane 3, Walla Walla 5, Yakima 6, Winlock 3, Centralia 1. Scarlet fever: Seattle 12.

RECIPROCAL NOTIFICATION.

Massachusetts.

Cases of communicable diseases referred during August, 1918, to other State health departments by department of health of the State of Massachusetts.

Disease and locality of notification.	Referred to health authority of—	Why referred.
Tuberculosis: Westfield.....	State department of health, Hartford, Conn.	Rejected by local exemption board No. 6 to home in Hartford, Conn.
Camp Devens.....	State department of health, Augusta, Me.	Discharged from Camp Devens to home in Lebanon, Me.
Melrose.....	State department of health, Augusta, Me.	Discharged from Camp Devens to home in Hebron Station, Me.
Camp Devens.....	State department of health, Trenton, N. J.	Discharged from Camp Devens to home in East Orange, N. J.
Westfield.....	State department of health, Albany, N. Y.	Rejected by local exemption board No. 6 to home in New York City, N. Y.
Camp Devens.....	State department of health, Harrisburg, Pa.	Discharged from Camp Devens to home in Pitsburgh, Pa.
Camp Devens.....	State board of health, Burlington, Vt.	Discharged from Camp Devens to home in St. Johnsbury, Vt.

CEREBROSPINAL MENINGITIS.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Camp Funston zone, Kans.....	Cases. 1	Camp Zachary Taylor zone, Ky.....	Cases. 1
Fort Oglethorpe zone, Ga. and Tenn.....	1		

Massachusetts Report for August, 1918.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts:		Massachusetts—Continued.	
Essex County—		Plymouth County—	
Lynn.....	3	Bridgewater (town).....	2
Newburyport.....	1	Brockton.....	1
Hampden County—		Suffolk County—	
Springfield.....	1	Boston.....	3
Westfield (town).....	1	Worcester County—	
Middlesex County.....	1	Spencer (town).....	1
Cambridge.....	1	Worcester.....	1
Warefield (town).....	1		
Winchester (town).....	1	Total.....	18

CEREBROSPINAL MENINGITIS—Continued.

City Reports for Week Ended Aug. 31, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Austin, Tex.		1	Newark, N. J.	2	1
Bakersfield, Cal.	1	1	New Orleans, La.	1	1
Baltimore, Md.	2	2	New York, N. Y.	7	7
Bayonne, N. J.	2		Norfolk, Va.	2	
Charleston, S. C.	3	1	Philadelphia, Pa.	3	1
Chicago, Ill.	1		Pittsburgh, Pa.	2	
Cincinnati, Ohio.	1	2	Providence, R. I.		1
Cleveland, Ohio.	1		Rochester, N. Y.	1	
Hoboken, N. J.		1	Seattle, Wash.	1	
Los Angeles, Cal.	1		Sioux City, Iowa.	1	
Louisville, Ky.		1	Troy, N. Y.	1	
Marinette, Wis.	1		Wilmington, Del.		2
Milwaukee, Wis.	1	1	Winchester, Mass.	1	
Nashville, Tenn.	1	1			

CHANCROID.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.	Cases.
Camp Bowie zone, Tex.	24
Camp Doniphan zone, Okla.	1
Camp Greene zone, N. C.	2
Camp Joseph E. Johnston zone, Fla.	1
Camp Pike zone, Ark.	3
Portsmouth and Norfolk County health district, Va.	1
Camp Shelby zone, Miss.	1
Camp Sheridan zone, Ala.	9
Camp Zachary Taylor zone, Ky.	2
Camp Travis zone, Tex.	9
Camp Wheeler zone, Ga.	1

DIPHTHERIA.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.	Cases.
Camp Dix zone, N. J.	1
Camp Dodge zone, Iowa.	5
Camp Doniphan zone, Okla.	1
Camp Funston zone, Kans.	1
Camp Gordon zone, Ga.	6
Camp Greene zone, N. C.	4
Gulfport health district, Miss.	2
Camp Hancock zone, Ga.	2
Camp Lee zone, Va.	2
Camp Lewis zone, Wash.	1
Camp Logan zone, Tex.	8
Camp MacArthur zone, Tex.	1
Fort Oglethorpe zone, Ga. and Tenn.	1
Camp Pike zone, Ark.	1
Portsmouth and Norfolk County health district, Va.	4
Camp Sevier zone, S. C.	2
Camp Shelby zone, Miss.	3
Camp Zachary Taylor zone, Ky.	3
Camp Travis zone, Tex.	1
Camp Wadsworth zone, S. C.	14

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 1611.

DYSENTERY.

Kentucky—Breathitt County.

On September 13, 1918, report was made of an epidemic of dysentery in Breathitt County, Ky., most of the cases having occurred in the rural districts. The number of deaths that have occurred from this outbreak was estimated at from 60 to 80.

ERYSIPELAS.

City Reports for Week Ended Aug. 31, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Atlanta, Ga.....	3		Mattoon, Ill.....	1	
Baltimore, Md.....	1	1	Milwaukee, Wis.....	1	
Buffalo, N. Y.....	1		Newark, N. J.....	1	
Chicago, Ill.....	5		New Haven, Conn.....	1	
Cumberland, Md.....	1		New York, N. Y.....		2
Independence, Kans.....	1		Pasadena, Cal.....	1	
Kalamazoo, Mich.....	1		Portland, Oreg.....	1	
Kansas City, Mo.....	1		St. Louis, Mo.....	3	1
Lackawanna, N. Y.....	1		Tacoma, Wash.....	1	
Los Angeles, Cal.....	2				

GONORRHEA.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.	Cases.
Camp Beauregard zone, La.....	9
Camp Bowie zone, Tex.....	173
Camp Doniphan zone, Okla.....	13
Camp Eberts zone, Ark.....	1
Camp Funston zone, Kans.....	6
Camp Gordon zone, Ga.....	41
Camp Greene zone, N. C.....	14
Gulfport health district, Miss.....	5
Camp Hancock zone, Ga.....	1
Camp Joseph E. Johnston zone, Fla.....	71
Fort Leavenworth zone, Kans.....	7
Camp Logan zone, Tex.....	41
Camp MacArthur zone, Tex.....	16
Camp McClellan zone, Ala.....	13
New London sanitary district, Conn.....	2
Fort Oglethorpe zone, Ga. and Tenn.....	17
Camp Pike zone, Ark.....	21
Portsmouth and Norfolk County health district, Va.....	17
Portsmouth-Kittery sanitary district, N. H. and Me.....	6
Camp Shelby zone, Miss.....	7
Camp Sheridan zone, Ala.....	12
Camp Sherman zone, Ohio.....	25
Camp Zachary Taylor zone, Ky.....	33
Camp Travis zone, Tex.....	28
Camp Wadsworth zone, S. C.....	18
Camp Wheeler zone, Ga.....	7

INFLUENZA.

Massachusetts—Boston and Vicinity.

On September 17, 1918, report was made of the continued occurrence of a considerable number of cases of influenza at Boston, Mass., and vicinity, where upwards of 200 cases occurred on the day of the report, with a total of about 2,500 cases known to have developed during the outbreak.

Virginia—Petersburg and Vicinity.

On September 17, 1918, the extensive prevalence of an influenza-like disease was reported in the extra-cantonment zone at Camp Lee, Petersburg, Va.

MALARIA.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.	Cases.
Camp Beauregard zone, La.....	7
Camp Eberts zone, Ark.....	20
Camp Gordon zone, Ga.....	3
Gulfport health district, Miss.....	13
Camp Hancock zone, Ga.....	5
Camp Joseph E. Johnston zone, Fla.....	9
Camp Logan zone, Tex.....	1
Camp Pike zone, Ark.....	17
Portsmouth and Norfolk County health district, Va.....	5
Camp Sevier zone, S. C.....	1
Camp Sheridan zone, Ala.....	2
Camp Travis zone, Tex.....	1
Camp Wheeler zone, Ga.....	7

MALARIA—Continued.

Massachusetts Report for August, 1918.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts:		Massachusetts—Continued.	
Bristol County—		Suffolk County—	
Fall River.....	1	Boston.....	3
Middlesex County.....	3	Worcester County—	
Natick (town).....	2	Uxbridge (town).....	21
Norfolk County—		Total.....	31
Dedham (town).....	1		

City Reports for Week Ended Aug. 31, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alexandria, La.....	8		Jersey City, N. J.....	1	
Anniston, Ala.....	2		Little Rock, Ark.....	3	
Atlanta, Ga.....	2		Memphis, Tenn.....		2
Birmingham, Ala.....	7	1	Mobile, Ala.....	2	
Cairo, Ill.....	1		Newark, N. J.....	1	
Dallas, Tex.....	1		Orange, N. J.....	1	
Fall River, Mass.....	1		Savannah, Ga.....	2	1
Hattiesburg, Miss.....	8		Sedalia, Mo.....	3	
Hoboken, N. J.....	2		Tuscaloosa, Ala.....	3	
Houston, Tex.....		1	Winston-Salem, N. C.....	1	

MEASLES.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.	Cases.		
Bremerton zone, Wash.....	1	Portsmouth and Norfolk County health district, Va.....	1
Camp Devons zone, Mass.....	1	Portsmouth-Kittery sanitary district, N. H. and Me.....	3
Camp Funston zone, Kans.....	1	Camp Sevier zone, S. C.....	1
Camp Gordon zone, Ga.....	9	Camp Sheridan zone, Ala.....	1
Camp Joseph E. Johnston zone, Fla.....	5	Camp Zachary Taylor zone, Ky.....	1
Camp Logan zone, Tex.....	1		
Fort Oglethorpe zone, Ga. and Tenn.....	1		

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 1611.

PELLAGRA.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.	Cases.		
Camp Eberts zone, Ark.....	1	Camp Travis zone, Tex.....	1

State Reports for August, 1918.

During the month of August, 1918, there were reported two cases of pellagra in the District of Columbia, and one case each at Lynn, Mass., and Leominster, Mass.

City Reports for Week Ended Aug. 31, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Atlanta, Ga.....		1	Mobile, Ala.....		1
Birmingham, Ala.....	2	2	Nashville, Tenn.....		2
Charlotte, N. C.....		1	New Orleans, La.....	1	1
Corpus Christi, Tex.....	1	1	Richmond, Va.....		1
Denver, Colo.....		1	Savannah, Ga.....		2
Fort Worth, Tex.....		2	Springfield, Mo.....	1	
Independence, Kans.....		1	Wilmington, Del.....		1
Lynn, Mass.....	1	1	Wilmington, N. C.....		1

PNEUMONIA.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.		Cases.	
Camp Beauregard zone, La.....	1	New London sanitary district, Conn.....	2
Camp Funston zone, Kans.....	1	Fort Oglethorpe zone, Ga. and Tenn.....	1
Fort Leavenworth zone, Kans.....	1	Camp Pike zone, Ark.....	1

City Reports for Week Ended Aug. 31, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Anniston, Ala.....	1	.....	Hattiesburg, Miss.....	1	.....
Baltimore, Md.....	4	.....	Los Angeles, Cal.....	2	2
Boston, Mass.....	4	3	Lynn, Mass.....	1	1
Bridgeport, Conn.....	2	4	Newark, N. J.....	13	1
Brookline, Mass.....	1	.....	New Haven, Conn.....	2	2
Chelsea, Mass.....	1	.....	Philadelphia, Pa.....	21	13
Chicago, Ill.....	9	12	Rochester, N. Y.....	2	.....
Cleveland, Ohio.....	4	5	Sacramento, Cal.....	1	.....
Corpus Christi, Tex.....	1	1	San Diego, Cal.....	1	2
Danville, Ill.....	1	1	Somerville, Mass.....	1	1
Elmira, N. Y.....	1	.....	Springfield, Mass.....	1	.....
Fall River, Mass.....	1	.....	Worcester, Mass.....	2	.....
Grand Rapids, Mich.....	2	.....	Yonkers, N. Y.....	2	.....
Green Bay, Wis.....	3	3			

POLIOMYELITIS (INFANTILE PARALYSIS).

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.		Cases.	
Camp Devens zone, Mass.....	1	Camp Lee zone, Va.....	1

State Reports for August, 1918.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts:		Massachusetts—Continued.	
Bristol County—		Worcester County—	
New Bedford.....	5	Hopedale town.....	2
Franklin County—		Sterling.....	1
Whately town.....	1	Total.....	20
Hampden County—		Nebraska:	
Holyoke.....	2	Deuel County.....	1
Springfield.....	2	Douglas County.....	1
Hampshire County—		Box Butte County.....	1
Northampton.....	1	Total.....	3
Middlesex County—		Vermont:	
Belmont town.....	1	Chittenden County.....	1
Cambridge.....	1	Windham County.....	1
Norfolk County—		Total.....	2
Dedham town.....	2		
Suffolk County—			
Winthrop town.....	1		
Boston.....	1		

City Reports for Week Ended Aug. 31, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....	2	1	Newark, N. J.....	3	1
Burlington, Vt.....	1	.....	New Bedford, Mass.....	1	.....
Cambridge, Mass.....	.....	1	New Castle, Pa.....	2	.....
Canton, Ohio.....	1	.....	Newport, Ky.....	1	.....
Chambersburg, Pa.....	4	.....	New York, N. Y.....	8	1
Chicago, Ill.....	7	.....	Pittsburgh, Pa.....	1	.....
Cleveland, Ohio.....	1	.....	Providence, R. I.....	1	.....
Columbus, Ohio.....	2	.....	Rockford, Ill.....	1	1
Evanston, Ill.....	.....	1	St. Louis, Mo.....	3	2
Flint, Mich.....	1	.....	Salt Lake City, Utah.....	1	.....
Hartford, Conn.....	1	1	Seattle, Wash.....	1	.....
Houston, Tex.....	1	.....	Sioux Falls, S. Dak.....	1	.....
Jersey City, N. J.....	1	.....	Springfield, Mass.....	1	.....
Lackawanna, N. Y.....	1	.....	Toledo, Ohio.....	2	.....
Minneapolis, Minn.....	1	.....		

RABIES IN ANIMALS.

City Reports for Week Ended Aug. 31, 1918.

Place.	Cases.	Place.	Cases.
Akron, Ohio.....	1	St. Paul, Minn.....	2
Atlantic City, N. J.....	1	Springfield, Ohio.....	1

RABIES IN MAN.

City Report for Week Ended Aug. 31, 1918.

During the week ended August 31, 1918, one case and one death from rabies were reported at Youngstown, Ohio.

SCARLET FEVER.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.	Cases.
Brownstown zone, Wash.....	5
Camp Devens zone, Mass.....	1
Camp Dodge zone, Iowa.....	4
Camp Gordon zone, Ga.....	6
Camp Grays zone, N. C.....	3
Camp Lee zone, Va.....	1
Fort Oglethorpe zone, Ga. and Tenn.....	2
Camp Sheridan zone, Ala.....	1
Camp Zachary Taylor zone, Ky.....	1
Camp Wheeler zone, Ga.....	1

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 1611.

SMALLPOX.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.	Cases.
Camp Gordon zone, Ga.....	4
Camp Logan zone, Tex.....	1
Camp McCheslan zone, Ala.....	2
Portsmouth and Norfolk County health district, Va.....	1
Camp Zachary Taylor zone, Ky.....	1

State Reports for August, 1918—Vaccination Histories.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Arizona:						
Gila County.....	2				2	
Cochise County— Benson.....	1				1	
Total.....	3				3	
District of Columbia.....	5				5	

SMALLPOX—Continued.

State Reports for August, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Nebraska:			Nebraska—Continued.		
Box Butte County.....	4	.....	Richardson County.....	2	.....
Clay County.....	1	.....	Sarpy County.....	1	.....
Custer County.....	1	.....	Sheridan County.....	8	.....
Dodge County.....	3	.....	Total.....	40	.....
Douglas County.....	9	.....	Vermont:		
Jefferson County.....	2	.....	Windsor County.....	1	.....
Keith County.....	1	.....		
Lancaster County.....	6	.....		
Nuckolls County.....	2	.....		

City Reports for Week Ended Aug. 31, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Anniston, Ala.....	1	.....	Green Bay, Wis.....	1	.....
Austin, Tex.....	1	1	Los Angeles, Cal.....	2	.....
Barberton, Ohio.....	1	.....	Milwaukee, Wis.....	3	.....
Battle Creek, Mich.....	1	.....	Minneapolis, Minn.....	1	.....
Billings, Mont.....	2	.....	Ogden, Utah.....	2	.....
Burlington, Iowa.....	1	.....	Peoria, Ill.....	2	.....
Butte, Mont.....	3	.....	Portland, Oreg.....	1	.....
Chanute, Kans.....	2	.....	Richmond, Va.....	1	.....
Chicago, Ill.....	1	.....	St. Joseph, Mo.....	4	.....
Cincinnati, Ohio.....	1	.....	St. Louis, Mo.....	2	.....
Cleveland, Ohio.....	1	.....	San Jose, Cal.....	2	.....
Council Bluffs, Iowa.....	1	.....	Seattle, Wash.....	3	.....
Dallas, Tex.....	1	.....	Spokane, Wash.....	1	.....
Denver, Colo.....	1	.....	Springfield, Ohio.....	2	.....
Des Moines, Iowa.....	3	.....	Walla Walla, Wash.....	2	.....
Dubuque, Iowa.....	1	.....	Wichita, Kans.....	1	.....
Elgin, Ill.....	1	.....	Youngstown, Ohio.....	1	.....

SYPHILIS.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.	Cases.
Camp Beauregard zone, La.....	1
Camp Bowie zone, Tex.....	42
Camp Doniphan zone, Okla.....	1
Camp Eberts zone, Ark.....	1
Camp Gordon zone, Ga.....	34
Camp Greene zone, N. C.....	17
Gulfport health district, Miss.....	1
Camp Joseph E. Johnston zone, Fla.....	56
Camp Logan zone, Tex.....	16
Camp MacArthur zone, Tex.....	4
Camp McClellan zone, Ala.....	1
New London sanitary district, Conn.....	1
Fort Oglethorpe zone, Ga. and Tenn.....	12
Camp Pike zone, Ark.....	11
Portsmouth and Norfolk County health district, Va.....	5
Portsmouth-Kittery sanitary district, N. H. and Me.....	4
Camp Shelby zone, Miss.....	1
Camp Sheridan zone, Ala.....	6
Camp Sherman zone, Ohio.....	1
Camp Zachary Taylor zone, Ky.....	23
Camp Travis zone, Tex.....	19
Camp Wheeler zone, Ga.....	11

TETANUS.

City Reports for Week Ended Aug. 31, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Appleton, Wis.....	1	1	Lincoln, Nebr.....	1	.....
Baltimore, Md.....	1	1	Mobile, Ala.....	.....	1
Cleveland, Ohio.....	1	1	St. Louis, Mo.....	2	1
Council Bluffs, Iowa.....	1	.....	Trenton, N. J.....	.....	1
Kansas City, Kans.....	1	.....		

TUBERCULOSIS.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.		Cases.	
Camp Eberts zone, Ark.....	1	Fort Oglethorpe zone, Ga. and Tenn.....	1
Camp Gordon zone, Ga.....	8	Camp Pike zone, Ark.....	6
Camp Greene zone, N. C.....	5	Portsmouth and Norfolk County health district, Va.....	2
Gulfport health district, Miss.....	1	Camp Sevier zone, S. C.....	1
Camp Hancock zone, Ga.....	6	Camp Sheridan zone, Ala.....	1
Camp Joseph E. Johnston zone, Fla.....	6	Camp Zachary Taylor zone, Ky.....	16
Camp Lee zone, Va.....	3	Camp Travis zone, Tex.....	7
Camp Logan zone, Tex.....	5	Camp Upton zone, N. Y.....	2
Camp MacArthur zone, Tex.....	1	Camp Wheeler zone, Ga.....	7
Camp McClellan zone, Ala.....	1		
New London sanitary district, Conn.....	7		

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 1611.

TYPHOID FEVER.

Cases Reported in Extra-Cantonment Zones, Week Ended Sept. 14, 1918.

Cases.		Cases.	
Camp Beauregard zone, La.....	3	New London sanitary district, Conn.....	2
Camp Bowie zone, Tex.....	1	Fort Oglethorpe zone, Ga. and Tenn.....	2
Camp Eberts zone, Ark.....	4	Camp Pike zone, Ark.....	3
Camp Funston zone, Kans.....	1	Portsmouth and Norfolk County health district, Va.....	23
Camp Gordon zone, Ga.....	7	Camp Sevier zone, S. C.....	1
Camp Greene zone, N. C.....	18	Camp Shelby zone, Miss.....	3
Gulfport health district, Miss.....	1	Camp Sherman zone, Ohio.....	2
Camp Hancock zone, Ga.....	4	Camp Zachary Taylor zone, Ky.....	16
Camp Joseph E. Johnston zone, Fla.....	3	Camp Travis zone, Tex.....	3
Camp Lee zone, Va.....	3	Camp Wadsworth zone, S. C.....	2
Camp Logan zone, Tex.....	1	Camp Wheeler zone, Ga.....	3
Camp MacArthur zone, Tex.....	1		
Camp McClellan zone, Ala.....	3		

Pennsylvania—Hastings.

The occurrence of an outbreak of typhoid fever at Hastings, Pa., was reported September 11, 1918. Up to the date of the report 70 cases of the disease had occurred. The infection had been traced to a pollution of the public water supply.

State Reports for August, 1918.

Place.	New cases reported.	Place.	New cases reported.
Arizona:		Massachusetts—Continued.	
Yavapai County.....	2	Essex County—	
Greenlee County—		Amesbury (town).....	1
Clifton.....	2	Gloucester.....	7
Cochise County—		Haverhill.....	1
Naco.....	1	Lawrence.....	4
Total.....	5	Lynn.....	3
District of Columbia.....	30	Methuen.....	2
Massachusetts:		Newburyport.....	1
Berkshire County—		Rockport (town).....	1
Lenex (town).....	1	Rowley (town).....	1
Pittsfield.....	1	Salem.....	2
Bristol County—		Salisbury (town).....	3
Dartmouth (town).....	1	Hampden County—	
Easton (town).....	1	Springfield.....	8
Fall River.....	26	Westfield (town).....	7
New Bedford.....	11	Hampshire County—	
Taunton.....	1	Northampton.....	1
		Middlesex County.	
		Ayer (town).....	1
		Belmont (town).....	1

TYPHOID FEVER—Continued.

State Reports for August, 1918—Continued.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts—Continued.		Massachusetts—Continued.	
Middlesex County—Continued.		Worcester County—	
Cambridge.....	4	Athol (town).....	3
Concord (town).....	1	Brookfield (town).....	1
Everett.....	3	Gardner (town).....	1
Frammingham (town).....	1	Grafton (town).....	1
Lowell.....	3	Holden (town).....	1
Malden.....	2	North Brookfield (town).....	1
Marlborough.....	8	Southbridge (town).....	7
Medford.....	1	Webster (town).....	1
Newton.....	1	Worcester.....	7
Reading (town).....	1		
Somerville.....	1	Total.....	188
Winchester (town).....	1		
Woburn.....	2	Nebraska:	
Norfolk County—		Scotts Bluff County.....	1
Foxborough (town).....	1	Seward County.....	1
Medway (town).....	1	Richardson County.....	3
Milton (town).....	2	Lancaster County.....	1
Quincy.....	1	Hall County.....	2
Randolph (town).....	1	Douglas County.....	6
Weymouth (town).....	1	Dodge County.....	2
Plymouth County—		Total.....	16
Bridgewater (town).....	1		
Brookton.....	4	Vermont:	
Plymouth (town).....	4	Bennington County.....	2
Seafuate (town).....	1	Chittenden County.....	29
Suffolk County—		Rutland County.....	1
Boston.....	16	Windham County.....	1
Chelsea.....	3	Total.....	33

City Reports for Week Ended Aug. 31, 1918.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	10		Duluth, Minn.....	4	1
Alexandria, La.....	1		Durham, N. C.....	7	1
Alton, Ill.....	1		Everett, Wash.....	1	
Annkston, Ala.....	3		Fairmont, W. Va.....	6	
Atlanta, Ga.....	2	2	Fall River, Mass.....	9	1
Atlantic City, N. J.....	1		Fargo, N. Dak.....	1	
Baltimore, Md.....	23	2	Findlay, Ohio.....	1	
Battle Creek, Mich.....	1		Flint, Mich.....	1	
Berkeley, Cal.....	3		Fort Worth, Tex.....	1	1
Bethlehem, Pa.....	1		Grand Rapids, Mich.....	3	
Billings, Mont.....	1		Greenstoro, N. C.....	2	
Birmingham, Ala.....	25	2	Greenwich, Conn.....	1	
Bluefield, W. Va.....	1		Harrisburg, Pa.....	3	
Boston, Mass.....	14		Hartford, Conn.....	1	2
Bridgeport, Conn.....	2		Hattiesburg, Miss.....	1	
Bristol, Conn.....	1		Hoboken, N. J.....	2	
Buffalo, N. Y.....	3		Houston, Tex.....	1	
Burlington, Iowa.....		1	Independence, Mo.....	1	1
Butler, Pa.....	1		Jacksonville, Ill.....	7	1
Cambridge, Mass.....	3		Jamestown, N. Y.....	1	
Canton, Ohio.....	3		Kaukaule, Ill.....	1	
Chambersburg, Pa.....	1		Kansas City, Kans.....	6	
Charleston, S. C.....	9	2	Kansas City, Mo.....	16	4
Charleston, W. Va.....	12	1	Knoxville, Tenn.....	3	
Charlotte, N. C.....	10		Lawrence, Mass.....		1
Chattanooga, Tenn.....	3		Lexington, Ky.....	2	1
Chester, Pa.....	2		Lima, Ohio.....		1
Chicago, Ill.....	14	3	Little Rock, Ark.....		4
Cincinnati, Ohio.....	2		Los Angeles, Cal.....	9	
Cleveland, Ohio.....	9	1	Louisville, Ky.....	9	1
Coffeyville, Kans.....	1		Lowell, Mass.....	1	1
Columbus, Ohio.....	3		Lynn, Mass.....	1	
Concord, N. H.....	1		Malden, Mass.....	1	
Corpus Christi, Tex.....	1		Mattoon, Ill.....	2	
Corland, N. Y.....	3		Medford, Mass.....	1	
Dallas, Tex.....	1		Memphis, Tenn.....	5	1
Danville, Ill.....	1	1	Michigan City, Ind.....	10	
Denver, Colo.....	16		Milwaukee, Wis.....	1	1
Dover, N. H.....	3		Minneapolis, Minn.....	4	

TYPHOID FEVER—Continued.

City Reports for Week Ended Aug. 31, 1918—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Mobile, Ala.....	4		St. Joseph, Mo.....	2	1
Moine, Ill.....	2		St. Louis, Mo.....	8	2
Montgomery, Ala.....	5	1	Savannah, Ga.....	3	
Morgantown, W. Va.....	1		Schenectady, N. Y.....	1	
Nashville, Tenn.....	18	3	Scranton, Pa.....	1	
Newark, N. J.....	6	1	Shenandoah, Pa.....	1	
New Bedford, Mass.....	4	1	Sioux Falls, S. Dak.....	4	
New Castle, Pa.....	1		Southbridge, Mass.....	4	1
New Haven, Conn.....	7		Spartanburg, S. C.....	7	1
New Orleans, La.....	6	3	Springfield, Ill.....	3	2
New York, N. Y.....	58	10	Springfield, Mass.....	4	
Niagara Falls, N. Y.....	2		Steubton, Pa.....	1	
Norfolk, Va.....	4	1	Syracuse, N. Y.....	4	
Norristown, Pa.....	2		Terra Haute, Ind.....		2
North Tonawanda, N. Y.....	1		Toledo, Ohio.....	2	
Oakland, Cal.....	4		Topeka, Kans.....	7	1
Oak Park, Ill.....	1	1	Trenton, N. J.....	1	
Oklahoma City, Okla.....	1		Troy, N. Y.....	2	1
Omaha, Nebr.....	1		Walla Walla, Wash.....	7	
Orange, N. J.....	1		Warren, Pa.....	1	
Peoria, Ill.....	1	1	Washington, D. C.....	9	3
Philadelphia, Pa.....	13	1	Washington, Pa.....	1	
Pittsburgh, Pa.....	4		West Chester, Pa.....	2	
Portland, Me.....	3		Wheeling, W. Va.....		1
Portland, Ores.....		1	White Plains, N. Y.....	1	
Providence, R. I.....	2		Wichita, Kans.....	7	
Racine, Wis.....	1		Williamsport, Pa.....	1	
Reading, Pa.....	1		Wilmington, Del.....	2	1
Redlands, Cal.....	1		Wilmington, N. C.....		1
Richmond, Va.....	16	1	Winston-Salem, N. C.....	2	
Rochester, N. Y.....	1		Woburn, Mass.....	1	
Rocky Mount, N. C.....	2		Worcester, Mass.....	2	
Sacramento, Cal.....		1	Youngstown, Ohio.....	2	1
Saginaw, Mich.....	3		Zanesville, Ohio.....	2	2

TYPHUS FEVER.

City Report for Week Ended Aug. 31, 1918.

There was reported during the week ended August 31, 1918, one case of typhus fever at New York, N. Y.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

State Reports for August, 1918.

State.	Cases reported.		
	Diphtheria.	Measles.	Scarlet fever.
Arizona.....	6	2	3
District of Columbia.....	13	22	12
Massachusetts.....	237	500	123
Nebraska.....	26	11	26
Vermont.....	11	30	17

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—
Continued.

City Reports for Week Ended Aug. 31, 1918.

City.	Popula- tion as of July 1, 1916 (estimated by United States Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Over 500,000 inhabitants:										
Baltimore, Md.	589,621	176	5		5		3		21	14
Boston, Mass.	756,476	192	31	3	13		5		55	20
Chicago, Ill.	2,497,722	491	59	3	8	2	11	1	183	44
Cleveland, Ohio.	674,073	166	10		2		5		29	13
Los Angeles, Cal.	503,812	130	9	1	2		1		35	15
New York, N. Y.	5,602,841	1,057	127	8	37	2	22	1	377	106
Philadelphia, Pa.	1,709,513	402	22	1	14	1	9		95	51
Pittsburgh, Pa.	579,690		25		2		3		18	18
St. Louis, Mo.	737,309	172	18	4	2		4	1	48	16
From 300,000 to 500,000 inhabit- ants:										
Buffalo, N. Y.	468,558	141	11		10		2		28	11
Cincinnati, Ohio.	410,476	101	9		3		2		24	14
Jersey City, N. J.	306,345		5		2		1		17	14
Milwaukee, Wis.	426,535	98	6		4		7		28	7
Minneapolis, Minn.	363,454	44	17	1	1		5		17	4
Newark, N. J.	408,894	104	13	2	6		1	1	42	11
New Orleans, La.	371,747	126	37	1					37	21
Seattle, Wash.	348,639		1		5		4			
Washington, D. C.	363,930	97	4		1		2		17	14
From 200,000 to 300,000 inhabit- ants:										
Columbus, Ohio.	214,878	63	6				2		2	5
Denver, Colo.	260,800	71	1				2			8
Kansas City, Mo.	297,847	74	2				2			8
Louisville, Ky.	238,910	58	7						17	8
Portland, Oreg.	295,465	41	6		7				22	3
Providence, R. I.	254,960	73		1	7		2	1		8
Rochester, N. Y.	236,417	54	1	1	11		1		2	3
St. Paul, Minn.	247,232	37	9		1		1		10	5
From 100,000 to 200,000 inhabit- ants:										
Atlanta, Ga.	190,558	42	3		1		8		3	2
Birmingham, Ala.	181,762	73	4		3		2		17	7
Bridgeport, Conn.	121,579	35	3		3				7	2
Cambridge, Mass.	112,981	22	5				2		2	6
Dallas, Tex.	124,527	17	1				1		4	2
Dayton, Ohio.	127,244	4					1		8	4
Des Moines, Iowa.	101,598						2			
Fall River, Mass.	128,366	33			7		2		8	3
Fort Worth, Tex.	104,562	17	1	1					1	
Grand Rapids, Mich.	128,291		5				2		2	
Hartford, Conn.	110,900		3		1		1		2	1
Houston, Tex.	112,307	28	2						2	2
Lawrence, Mass.	100,560	22					1		2	2
Lowell, Mass.	113,245	37	2	1	1		3		2	5
Lynn, Mass.	102,425	23	8						5	1
Memphis, Tenn.	148,995	53	6	1			1		8	8
Nashville, Tenn.	117,057	54	3		3			1	3	7
New Bedford, Mass.	118,158	31					1		8	2
New Haven, Conn.	149,685	26	5		2		2		7	4
Oakland, Cal.	198,604	44	3				1		10	3
Omaha, Nebr.	165,470	29	11		2				1	1
Reading, Pa.	109,381		2		3					
Richmond, Va.	156,687	49	5				2			7
Salt Lake City, Utah.	117,399	21	4				10			1
Scranton, Pa.	146,811								7	
Spokane, Wash.	150,323		1							
Springfield, Mass.	105,942	21	3		1				3	1
Syracuse, N. Y.	155,624	41	1		1				3	3
Tacoma, Wash.	112,770		5		2		5			
Toledo, Ohio.	191,554	41	3				4			2
Trenton, N. J.	111,593	42	3		3				2	4
Worcester, Mass.	163,314	55	2						6	6
Youngstown, Ohio.	108,385	28			5				1	
From 50,000 to 100,000 inhabit- ants:										
Akron, Ohio.	85,625	39	10		1		2		19	
Allentown, Pa.	63,505		2		6				2	
Atlantic City, N. J.	57,060	10			1				5	1
Bayonne, N. J.	69,893		1				1		5	

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Aug. 31, 1918—Continued.

City.	Popu- lation as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 50,000 to 100,000 inhabit- ants—Continued:										
Berkeley, Cal.	57,653	15							2	
Binghamton, N. Y.	53,973	16	3		1		10		4	3
Canton, Ohio	60,852	17	2				1		1	2
Charleston, S. C.	60,734	26	2						1	3
Chattanooga, Tenn.	60,075		1							3
Covington, Ky.	57,144	9			1				1	
Duluth, Minn.	94,495	21	4		2		4		3	
Erie, Pa.	75,195		1						2	
Flint, Mich.	54,772	9	2		1		2			1
Fort Wayne, Ind.	76,183	18								
Harrisburg, Pa.	72,015						1			
Hoboken, N. J.	77,214	12	1						13	2
Holvoke, Mass.	65,283	14								1
Jacksonville, Fla.	76,101	11								
Johnstown, Pa.	68,529		3		2		3			
Kansas City, Kans.	99,437		1						6	
Lancaster, Pa.	50,853		1							
Malden, Mass.	51,155	7								
Manchester, N. H.	78,283	22	1				1		1	1
Mobile, Ala.	58,221	26							1	3
New Britain, Conn.	53,794	7	3		3					
Norfolk, Va.	89,612									2
Oklahoma City, Okla.	92,943	12								2
Passaic, N. J.	71,744	17	1		3				3	1
Peoria, Ill.	71,456		3	2					1	5
Portland, Me.	63,867	18								2
Rookford, Ill.	55,185	13	1							2
Sacramento, Cal.	66,895	17	6		1		3		2	1
Saginaw, Mich.	55,642	11	1							2
St. Joseph, Mo.	85,236	29	3							2
San Diego, Cal.	53,330	22	3		3				13	5
Savannah, Ga.	68,865	18							1	4
Schenectady, N. Y.	99,519	17	2	1	1					
Somerville, Mass.	87,039	19	4		1		1		3	
South Bend, Ind.	68,946	9								
Springfield, Ill.	61,120	18	2							1
Springfield, Ohio.	51,550	12							1	
Terre Haute, Ind.	66,063	14								1
Troy, N. Y.	77,916	35	1						1	
Wilkes-Barre, Pa.	76,776		8		3				4	
Wilmington, Del.	94,265	48	1							
Yonkers, N. Y.	90,838	21			1				6	3
From 25,000 to 50,000 inhabit- ants:										
Alameda, Cal.	27,732	4			1				2	1
Austin, Tex.	34,814							1		
Battle Creek, Mich.	29,880		2		1		4			
Boise, Idaho.	38,846	1								
Brookline, Mass.	32,730	5			1		1		2	
Burlington, Iowa	25,030	5						1		1
Butler, Pa.	27,632		6							
Charleston, W. Va.	29,941	17								
Charlotte, N. C.	23,823	15					5			1
Chester, Mass.	46,192	8	4	1					2	
Chester, Pa.	41,296		2		1				3	
Chicopee, Mass.	29,319									1
Cohoes, N. Y.	25,211	6							3	1
Council Bluffs, Iowa.	31,484	3					3			
Cranston, R. I.	25,987	6	1							
Cumberland, Md.	28,074	7			1		1			
Danville, Ill.	32,261	11							1	1
Dubuque, Iowa	39,873		1							
Durham, N. C.	25,061	3					1		2	
East Chicago, Ind.	28,743	9								
East Orange, N. J.	42,458	5			1				2	1
Elgin, Ill.	28,208	4							2	1
Edmira, N. Y.	38,120	1			2			1		
Evansston, Ill.	28,591	7					1			
Everett, Mass.	30,285		11	2					2	
Everett, Wash.	35,498						1			

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—
Continued.

City Reports for Week Ended Aug. 31, 1918—Continued.

City.	Popula- tion as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 10,000 to 25,000 inhabit- ants—Continued.										
Braddock, Pa.	21,685								1	
Brazil, Ind.	10,315	3			8				3	
Bristol, Conn.	15,927	3							3	
Burlington, Vt.	21,617	8			1					
Cairo, Ill.	15,794	8								1
Carbondale, Pa.	19,242		1						1	
Chillicothe, Ohio	15,470		1							
Clinton, Mass.	¹ 13,075	2								
Coffeyville, Kans.	17,548								2	1
Concord, N. H.	22,669	4								
Connellsville, Pa.	15,455								3	
Corning, N. Y.	15,406	4	1							
Corpus Christi, Tex.	10,432	4							2	2
Cortland, N. Y.	13,069	4							1	
Dedham, Mass.	10,433	2								
Dover, N. H.	13,272	6								
Dubois, Pa.	14,665		1							
East Providence, R. I.	18,113		1							
Fargo, N. Dak.	17,389	3								
Findlay, Ohio	¹ 14,858	3	1							1
Fort Dodge, Iowa.	20,648						3			
Fort Scott, Kans.	10,550	2								
Galesburg, Ill.	24,267	7								1
Geneva, N. Y.	13,711	3								
Greenfield, Mass.	11,998	6							1	
Greensboro, N. C.	19,577	4								
Greenville, S. C.	18,131	5	1						1	1
Greenwich, Conn.	19,159								2	
Hackensack, N. J.	16,945	2	1							
Hattiesburg, Miss.	16,482				5					
Independence, Kans.	14,506	2							1	1
Independence, Mo.	11,672	7								1
Kearney, N. J.	23,539	5							1	
Kokomo, Ind.	20,930	8								1
Lackawanna, N. Y.	15,987	4			4		1		3	
La Fayette, Ind.	21,288	4	2							1
Laurel, Miss.	11,779	2	1							
Leavenworth, Kans.	¹ 19,363	4	2						1	
Long Branch, N. J.	15,395	5								
Manchester, Conn.	15,551	2								
Manitowoc, Wis.	13,805	0					1			
Marquette, Wis.	¹ 14,610	1	1							
Marion, Ind.	19,834	1								
Marquette, Mich.	12,409	4								
Mason City, Iowa.	14,457	10	5	1						
Massillon, Ohio.	15,310	3								
Mattoon, Ill.	12,582	2			1		1		1	
Melrose, Mass.	17,445	3								
Michigan City, Ind.	21,512	2								
Mishawaka, Ind.	16,355	7							1	2
Missoula, Mont.	18,214	9					2			
Monessen, Pa.	21,630		4		2					
Morgantown, W. Va.	13,709	3							1	
Morristown, N. J.	13,284	6								
Moundsville, W. Va.	11,153	2								
Newburyport, Mass.	15,243	2							1	
New Castle, Ind.	13,241	3								
New London, Conn.	20,985	12	1						3	1
North Adams, Mass.	¹ 22,019	5								
Northampton, Mass.	19,926	12							2	2
North Attleboro, Mass.	11,014	3								
North Tonawanda, N. Y.	13,788	5					2			
Norwood, Ohio.	22,286	3								
Olean, N. Y.	16,624	7								1
Parkersburg, W. Va.	20,612	4								
Peabody, Mass.	18,360	6							2	
Peekskill, N. Y.	18,530	2								
Phoenixville, Pa.	11,714				7					

¹ Population Apr. 15, 1910; no estimate made.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—
Continued.

City Reports for Week Ended Aug. 31, 1918—Continued.

City.	Popula- tion as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 10,000 to 25,000 inhabit- ants—Continued.										
Plainfield, N. J.	23,805	5							1	1
Plymouth, Mass.	13,743	3								
Plymouth, Pa.	19,100								1	
Pontiac, Mich.	17,524	7								
Port Chester, N. Y.	16,183	2					1			
Portsmouth, N. H.	11,666						1			
Pottsville, Pa.	22,372		1		1		1			
Raleigh, N. C.	20,127	6								
Riverside, Cal.	19,763	7								1
Rocky Mount, N. C.	12,067	1								
Rome, N. Y.	23,737				1					
Rutland, Vt.	14,831	2					2			
Sandusky, Ohio.	20,193	7							1	
Sanford, Me.	19,916	3								
Santa Barbara, Cal.	14,846	4								
Santa Cruz, Cal.	14,604	5					1			
Saratoga Springs, N. Y.	13,321	5							4	
Sault Ste. Marie, Mich.	13,919	4								1
Sedalia, Mo.	19,449	4					1		2	
Shamokin, Pa.	21,129		12		1					
Sioux Falls, S. Dak.	16,499	3								
Southbridge, Mass.	14,205	4								
Spartanburg, S. C.	21,266	4	2						1	
Streator, Ill.	14,204	4	1							
Tuscaloosa, Ala.	10,488	7	1						1	
Vallejo, Cal.	12,461	1								
Washington, Pa.	21,613								4	
Watertown, Mass.	14,967	3					1		1	
Wausau, Wis.	19,289	4								
Westfield, Mass.	18,391	4								1
West New York, N. J.	18,773								2	
White Plains, N. Y.	22,465	2								
Woburn, Mass.	15,969	3								

1 Population Apr. 15, 1910; no estimate made.

FOREIGN.

BRAZIL.

Influenza—Santos.

Influenza was reported present at Santos, Brazil, June 16, 1918.

CHINA.

Beriberi—Hankow.

Beriberi occurring among Chinese and natives of Anam was reported at Hankow, China, August 7, 1918. The disease is stated not to be of common occurrence at Hankow.

Influenza—Chungking.

Epidemic influenza was reported present at Chungking, China, July 27, 1918. About one-half the population of the city was stated to be affected.

SALVADOR.

Epidemic Influenza.

Epidemic influenza was reported present, September 11, 1918, in the Republic of Salvador.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.

Reports Received During Week Ended Sept. 20, 1918.¹

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Albania.....				Ang. 7, 1918: Present.
India:				
Bombay.....	May 11-June 15....	6	5	
Java:				
East Java—				
Surabaya.....	June 25-July 8....	97	77	
Mid-Java.....				June 20-July 10, 1918: Cases, 180; deaths, 143.
West Java.....				June 28-July 18, 1918: Cases, 679; deaths, 418.
Batavia.....	June 28-July 18....	43	34	
Persia:				
Kerman Province—				
Kerman.....				Outbreak, Feb. 5, 1918.
Russia:				
Transcaucasia—				
Astara.....	Jan. 9-Feb. 27.....	58	48	in vicinity, Feb. 11-23, 1918: Cases, 17; deaths, 14.

¹ From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received During Week Ended Sept. 20, 1918—Continued.

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
Ceylon:				
Colombo.....	June 2-29.....	9	8	
Do.....	June 30-July 6.....	1	1	
India.....				June 9-15, 1918: Cases, 1,648; deaths, 1,256.
Bombay.....	Apr. 21-June 15.....	437	348	
Karachi.....	do.....	817	748	
Rangoon.....	June 16-22.....	48	47	
Java:				
East Java—				
Surabaya.....	June 25-July 8.....	16	16	
Siam:				
Bangkok.....	July 2-15.....	15	11	

SMALLPOX.

Canal Zone:				
Panama.....	Aug. 12-Sept. 5.....	23		19 from one area; 4 scattered cases.
Canada:				
Nova Scotia—				
Halifax.....	Aug. 25-31.....	7		
Ontario.....	June 1-30.....	15		
Ceylon:				
Colombo.....	May 26-June 29.....	30		
Do.....	June 30-July 6.....	4		
China:				
Amoy.....	June 22-28.....			Present.
Chungking.....	July 21-27.....			Do.
Nanking.....	July 28-Aug. 10.....			Do.
Colombia:				
Cartagena.....	Aug. 13-19.....		1	
France:				
Paris.....	July 21-27.....	2	1	
India:				
Bombay.....	Apr. 21-June 15.....	401	197	
Karachi.....	do.....	168	119	
Rangoon.....	June 16-22.....	3		
Italy:				
Genoa.....	July 16-31.....	8	2	
Java:				
East Java—				
Surabaya.....	June 25-July 1.....	1		
Mid-Java.....				June 20-July 10, 1918: Cases, 27.
West Java.....				June 23-July 18, 1918: Cases, 175; deaths, 70.
Batavia.....	June 28-July 18.....	43	24	
Mesopotamia:				
Bagdad.....	May 12-June 7.....	18		
Newfoundland:				
Carmanville.....	Aug. 31-Sept. 6.....	2		
Colliers.....	do.....	2		
Wabana.....	do.....	18		Bell Island.
Portugal:				
Lisbon.....	July 28-Aug. 3.....	15		

TYPHUS FEVER.

Egypt:				
Alexandria.....	July 2-15.....	182	50	
Greece:				
Saloniki.....	July 14-Aug. 3.....		18	
Japan:				
Nagasaki.....	July 22-28.....	2		
Mesopotamia:				
Bagdad.....	May 12-June 7.....	17		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 29 to Sept. 13, 1918.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary:				
Hungary.....	.....	.....	.....	July 26, 1918: Present
India:				
Bombay.....	Mar. 17-Apr. 13.....	2	1	
Calcutta.....	Apr. 14-June 15.....		370	
Madras.....	Mar. 24-June 1.....	7	4	
Rangoon.....	Mar. 30-May 18.....	25	19	
Indo-China.....	.....			Jan. 1-Feb. 28, 1918: Cases, 190; deaths, 126.
Cambodia.....	Jan. 1-Feb. 28.....	125	83	
Cochin-China.....	do.....	54	43	May 20-June 16, 1918: Cases, 66; deaths, 55.
Cholon.....	May 20-June 16.....	4		
Saigon.....	Apr. 20-May 26.....	64	4	
Tonkin.....	Jan. 1-31.....	1	43	
Java:				
East Java—				
Surabaya.....	June 6-12.....	13	3	Present July 24.
Mid-Java.....	.....			Apr. 18-June 12, 1918: Cases, 817; deaths, 618.
Samarang.....	July 24.....			Present.
West Java.....	.....			Feb. 22-June 27, 1918: Cases, 1,432; deaths, 869.
Batavia.....	Feb. 22-June 27.....	231	103	
Cieribon.....	June 7-27.....	146	111	
Persia:				
Provinces—				
Kars Province—				
Kazaroun.....	.....			December, 1917: 3 or 4 deaths reported daily.
Mahour-Milati.....	.....			Present in December, 1917, with about 300 fatal cases reported.
Khorasan.....	.....			Oct. 2-Nov. 16, 1917: Cases, 78; deaths, 56. In 7 localities.
Seistan.....	.....			Nov. 4, 1917: Cases, 6. A part of this Province or region extends into Afghanistan.
Philippine Islands:				
Provinces.....				
Bohol.....	Apr. 28-June 29.....	65	53	Apr. 28-June 29, 1918: Cases, 677; deaths, 428. June 30-July 27, 1918: Cases, 331; deaths, 172.
Do.....	July 7-27.....	137	69	
Capiz.....	Apr. 28-May 4.....	1	1	
Cebu.....	May 5-June 22.....	35	19	
Do.....	June 30-July 27.....	78	46	
Leyte.....	Apr. 28-June 29.....	108	59	
Do.....	June 30-July 6.....	2	2	
Misamis.....	Apr. 28-June 22.....	294	163	
Do.....	June 30-July 20.....	74	35	
Oriental Negros.....	June 3-29.....	42	23	
Do.....	June 30-July 27.....	21	12	
Sorsogon.....	June 2-29.....	112	100	
Do.....	July 14-20.....	12	1	
Surigao.....	Apr. 28-June 22.....	92	59	
Do.....	June 30-July 20.....	7	7	
Russia:				
Petrograd.....	July 7.....			Present.
Sweden:				
Stockholm.....	July 15.....	5	1	From S. S. Angermanland from Petrograd, Russia.
Switzerland.....	.....			July 26, 1918: Present.
On vessel:				
S. S. Angermanland.....	July 14.....	8	1	At Stockholm; from Petrograd.

PLAGUE.

Arabia:				
Aden.....	May 22-28.....		1	
Argentina:				
Buenos Aires.....	Apr. 20-May 22.....	16	2	In March, 1918; 3 cases in an institution.
Tucuman.....	.....		
Brazil:				
Bahia.....	June 16-22.....	1	1	
Ceylon:				
Colombo.....	Mar. 23-May 11.....	13	13	
China:				
Hongkong.....	Apr. 14-June 29.....	124	94	
Do.....	June 30-July 20.....	81	62	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 29 to Sept. 13, 1918—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Ecuador:				
Duran.....	Apr. 1-30.....	2		
Guayaquil.....	May 1-June 15.....	28	10	
Do.....	July 1-31.....	1		Feb. 1-23, 1918: Cases, 22; deaths, 8.
Egypt:				
Port Said.....	May 19-21.....	2	1	Jan. 1-July 4, 1918: Cases, 438; deaths, 228.
Do.....	July 4.....	1	1	1 pneumonic.
Provinces—				
Assiout.....	July 27-29.....	2	1	
Beni-Souef.....	Apr. 26-30.....	2	1	
Favoum.....	Apr. 21-June 27.....	10	4	
Gizeh.....	June 30.....	1		
Keneh.....	May 16.....	1	1	
Minieh.....	Apr. 23-June 10.....	33	14	5 septi-mic.
Do.....	June 27-July 4.....	17	4	1 pneumonic.
Great Britain:				
Erwarton.....	June 19.....	1	1	Rural district, Salford, East Suffolk.
London, Port.....	Aug. 17.....	5		On vessel from Calcutta.
Rochester.....	June 2.....	1	1	From s. s. Somali at Gravesend from Bombay.
India:				
Bassein.....	Mar. 25-Apr. 27.....		90	
Bombay.....	Mar. 24-Apr. 29.....	493	402	
Calcutta.....	Apr. 14-June 15.....		84	
Hydrabad.....	Mar. 24-Apr. 13.....		20	
Madras Presidency.....	Mar. 24-June 15.....	493	362	
Mandalay.....	Mar. 17-Apr. 20.....		52	
Moulmein.....	Mar. 24-Apr. 27.....		127	
Myingyan.....	Mar. 17-Apr. 14.....		10	
Pegu.....	Apr. 14-26.....		2	
Prome.....	Mar. 24-Apr. 27.....		23	
Rangoon.....	Mar. 30-May 18.....	384	371	
Tomroo.....	Mar. 24-Apr. 27.....		59	
Indo-China:				
Anam.....	Jan. 1-Feb. 29.....	53	35	Jan. 1-Feb. 28, 1918: Cases, 275; deaths, 200.
Cambodia.....	do.....	128	120	
Cochin-China.....	do.....	85	40	May 20-June 8, 1918: Cases, 60; deaths, 30.
Cholon.....	May 20-June 8.....	12	6	
Saigon.....	Apr. 29-June 8.....	83	36	
Laos.....	Feb. 1-23.....	4	2	
Java:				
East Java:				
Residences—				
Djocjarta.....	Jan. 15-Apr. 8.....	3	3	Jan. 15-Apr. 22, 1918: Cases, 328; deaths, 226.
Kediri.....	do.....	13	10	
Madjoen.....	do.....	30	30	
Samarang.....	do.....	82	81	
Surabaya.....	do.....	60	60	June 11-24, 1918: Cases, 21; deaths, 21.
Surakarta.....	do.....	12	73	
Peru:				
Departments—				
Ancachs.....	Apr. 1-15.....	1		Jan. 1-June 30, 1917: Cases, 245; deaths, 122. July 1-Dec. 31, 1917: Cases, 169; deaths, 89.
Cajamarca.....	Apr. 16-May 31.....	7		For distribution according to Departments, see Public Health Reports, July 26, 1918, p. 1261.
Lambayeque.....	do.....	8		Apr. 1-May 31, 1918: Cases, 71.
Iberstad.....	Apr. 1-May 31.....	40		
Lima.....	do.....	6		
Piura.....	do.....	9		
Rhodesia:				
Siam:				
Bangkok.....	May 10-June 20.....	82	62	Aug. 30, 1918: Present in Northern Rhodesia.
Straits Settlements:				
Penang.....	June 2-8.....	1	1	
Singapore.....	Apr. 2-June 22.....	61	53	
On vessel:				
S. S. Moora.....	Aug. 31.....	3	2	At Dundee, Scotland, from Calcutta. One of cases pneumonic.
S. S. Somali.....	May 19.....	3	1	At Gravesend, England, from Bombay. Further case developed June 2 in member of crew at Rochester, England.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 29 to Sept. 13, 1918—Continued.

SMALLPOX.

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Algiers.....	May 1-June 30....	121	34	
Brazil:				
Bahia.....	May 5-June 22.....	2		
Rio de Janeiro.....	May 5-June 29.....	30	4	
Do.....	June 30-July 20.....	38	8	
Santos.....	Apr. 23-28.....		1	
British East Africa:				
Mombasa.....	Jan. 1-Mar. 31.....		3	
Canada:				
British Columbia—				
Victoria.....	June 23-29.....	4		
Do.....	July 7-Aug. 3.....	2		
Manitoba.....				
Winnipeg.....	June 9-22.....	5		
Do.....	July 7-20.....	4		
New Brunswick—				
Moncton.....	June 16-22.....	2		
Do.....	July 7-13.....	4		
Newfoundland—				
St. Johns.....	June 22-28.....	1		
Nova Scotia—				
Halifax.....	do.....	10		
Do.....	June 30-Aug. 24.....	69		
Sydney.....	do.....	3		
Ontario.....				July 1-31, 1918: Cases, 38.
Windsor.....	July 21-27.....	1		
Prince Edward Island—				
Summerside.....	July 9-15.....	1		
Quebec—				
Montreal.....	July 7-13.....	1		
Ceylon:				
Colombo.....	Mar. 22-May 18....	8	2	
China:				
Amoy.....	Apr. 1-June 29.....			Present.
Do.....	June 30-July 6.....			Do.
Antung.....	May 20-June 9.....	6	1	
Chungking.....	May 12-June 29.....			Do.
Dairen.....	May 7-July 1.....	51	10	
Do.....	July 2-15.....	6	1	
Hailar Station.....	Feb. 12-13.....	2		Chinese Eastern Rwy.—
Harbin.....	Mar. 20-June 3.....	4		Do.
Manchuria Station.....	Feb. 19-June 9.....	5		Do.
Hongkong.....	Apr. 6-June 8.....	19	2	
Nanking.....	June 16-22.....			Present.
Do.....	June 30-July 27.....			Do.
Shanghai.....	Apr. 21-June 2.....	3		
Tientsin.....	May 19-June 15.....	10		
Tsingtau.....	May 6-June 30.....	23	1	
Do.....	July 1-7.....	2		
Colombia:				
Barranquilla.....	July 14-20.....		1	
Cartagena.....	May 21-July 1.....		2	
Do.....	July 8-15.....		1	
Denmark:				
Copenhagen.....	June 16-22.....	13		
Ecuador:				
Guayaquil.....	Apr. 1-30.....	2		
Egypt:				
Alexandria.....	May 7-13.....	1		
France:				
La Rochelle.....	June 2-8.....	1	1	
Paris.....	Apr. 21-June 29.....	14	3	
Do.....	June 30-July 20.....	9	2	
Rouen.....	May 12-June 15.....	6		Including varioloid.
Germany.....				Mar. 24-June 1, 1918: Cases, 29.
Great Britain:				
Liverpool.....	June 9-15.....	1		From vessel.
Greece:				
Kalamata.....	June 26.....			Present.
India:				
Bombay.....	Mar. 24-Apr. 6.....	731	356	
Calcutta.....	Apr. 14-June 15.....		214	
Karachi.....	Apr. 6-20.....	29	21	
Madras.....	Mar. 21-June 15.....	77	27	
Rangoon.....	Mar. 31-May 18....	78	35	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 29 to September 13, 1918—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Indo-China:				
Anam.....	Jan. 1-Feb. 23.....	566	93	Jan. 1-Feb. 23, 1918: Cases, 1,375; deaths, 291.
Cambodia.....	do.....	43	9	
Cochin-China.....	do.....	650	216	May 20-June 16, 1918: Cases, 97; deaths, 24.
Cholon.....	May 23-June 16.....	1		
Kwang Chow-Wan.....	Feb. 1-23.....	2	1	
Laos.....	Jan. 1-Feb. 23.....	8	1	
Tonkin.....	do.....	106	1	
Italy:				
Genoa.....	June 14-30.....	19	5	
Do.....	July 2-15.....	19	5	
Mezzojuso.....	May 29.....			Many cases. Province of Palermo, Sicily.
Milan.....				In April, 1918: Cases, 2. May 1-31, 1918: Cases, 64.
Palermo.....	May 33-June 5.....	1		
Turin.....	Apr. 15-June 9.....	16	1	
Japan:				
Nagasaki.....	May 2-June 30.....	14	2	
Do.....	July 3-21.....	1	1	
Taihoku.....	May 21-July 1.....	18	9	Island of Formosa.
Do.....	July 2-15.....	3	1	
Tokyo.....	May 5-June 23.....	17		Feb. 14-Mar. 43, 1918: Cases, 15.
Java:				
East Java.....				Feb. 12-Apr. 23, 1918: Cases, 26; deaths, 4.
Surabaya.....	Feb. 26-June 24.....	10	3	Feb. 14-June 12, 1918: Cases, 106; deaths, 3.
Mid-Java.....				Feb. 22-June 27, 1918: Cases, 406; deaths, 148.
West Java.....				
Batavia.....	Feb. 2-June 27.....	108	50	
Mesopotamia:				
Bagdad.....	Mar. 6-May 10.....	21	7	
Mexico:				
Agua Calientes.....	June 10-16.....		1	
Gondalajara.....	June 1-30.....	3		
Masatlan.....	June 5-25.....		2	
Do.....	July 2-Aug. 6.....		3	
Mexico City.....	May 19-June 22.....	78		
Do.....	June 30-Aug. 10.....	22		
Newfoundland:				
Bay Roberts.....	Aug. 23-30.....		7	
East Wabana.....	do.....		1	
Philippine Islands:				
Manila.....	Apr. 28-June 29.....	884	616	Varioloid: Cases, 178; 1 death.
Do.....	June 30-July 27.....	64	82	Varioloid: Cases, 15; deaths, 1.
Portugal:				
Lisbon.....	Feb. 24-June 29.....	97		
Do.....	June 30-July 27.....	40		
Russia:				
Archangel (government).....	June 1-30.....	60		
Lithuania.....	Mar. 3-May 4.....	88	3	
Siam:				
Bangkok.....	May 11-June 29.....	9	3	
Siberia:				
Vladivostok.....	May 1-June 15.....	31	5	
Spain:				
Coruna.....	Apr. 28-June 30.....	1	1	
Malaga.....	Dec. 1-31.....		20	
Do.....	Jan. 1-31.....		16	
Seville.....	Apr. 1-May 31.....		2	
Straits Settlements:				
Penang.....	May 5-11.....		2	
Sweden:				
Stockholm.....	June 9-15.....	10		
Tunisia:				
Tunis.....	July 20-26.....		1	
Union of South Africa:				
Johannesburg.....	Feb. 1-Apr. 30.....	37		
On vessel.....				1 case. At Liverpool; England.

TYPHUS FEVER.

Argentina:				
Rosario.....	Apr. 1-May 31.....		2	
Austria-Hungary:				
Hungary.....				Feb. 25-Apr. 23, 1918: Cases, 209; deaths, 9.
Budapest.....	Feb. 25-Apr. 23.....	51	1	
Brazil:				
Rio de Janeiro.....	May 28-June 8.....	2		
Do.....	July 7-13.....	1		
China:				
Antung.....	May 20-June 9.....	4		
Do.....	July 8-31.....	1	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 29 to Sept. 13, 1918—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
China—Continued:				
Changsha.....	May 11-17.....	2	1	
Harbin.....	Jan. 1-June 16.....	37		On Chinese Eastern Ry.
Manchuria Station.....	Jan. 15-June 30.....	41		Do.
Pogranitchnaya.....	May 20-June 16.....	4		
Shanghai.....	May 5-11.....		1	
Egypt:				
Alexandria.....	May 7-July 1.....	1,362	321	
Germany:				
Great Britain:				
Belfast.....	May 26-June 1.....	1		
Edinburgh.....	June 9-15.....		1	
Glasgow.....	May 19-June 1.....	13	4	
Greece:				
Athens.....	Apr. 14-May 13.....		5	
Janina.....	Aug. 29.....	15		And in vicinity.
Saloniki.....	Apr. 28-June 29.....		36	
Do.....	June 30-July 13.....	9		
Italy:				
Corato.....	May 6-June 2.....	4		Province of Bari.
Monetta.....	May 6-June 9.....	25		Do.
Naples.....	Apr. 20-May 5.....	1		
Japan:				
Nagasaki.....	May 27-June 23.....	1	1	
Do.....	July 3-Aug. 4.....	4	1	
Tokyo.....	June 24-July 7.....	1		
Java:				
East Java:				
Surabaya.....	Feb. 12-Apr. 8.....	22	6	Feb. 12-Apr. 8, 1918: Cases, 29; deaths, 8.
Mid-Java:				
Samarang.....	Feb. 21-May 22.....	10	2	Feb. 14-May 22, 1918: Cases, 32; deaths, 4.
West Java:				
Batavia.....	Feb. 23-June 6.....	61	15	Feb. 23-June 6, 1918: Cases, 89; deaths, 13.
Mesopotamia:				
Bagdad.....	Mar. 29-May 10.....	84		
Mexico:				
Agua Calientes:				
Chihuahua, State—Parral.....	July 8-14.....		1	
Guadalupe.....	July 10.....		2	Epidemic; reported present from about June 15, 1918.
Guadalupe.....	June 1-30.....	5		
Mexico City.....	May 19-June 22.....	186		
Do.....	June 30-Aug. 10.....	242		
Portugal:				
Lisbon.....	Feb. 24-May 25.....	5		
Siberia:				
Vladivostok.....	May 1-June 15.....	16	2	
Russia:				
Lithuania:				
				Mar. 3-May 4, 1918: Cases, 2,514; deaths, 100.
Poland:				
Lodz.....	Mar. 10-May 13.....	470	79	Mar. 10-May 18, 1918: Cases, 8,503; deaths, 766.
Warsaw.....	Mar. 10-Apr. 27.....	2,428	376	
Spain:				
Almeria.....	Apr. 1-30.....	1		
Tunisia:				
Tunis.....	May 18-June 28.....	10	3	
Do.....	June 29-July 26.....	5	2	
Union of South Africa:				
Cape of Good Hope, State:				
				Sept. 10, 1914-Apr. 21, 1918: Cases, 4,587 (European, 34); deaths, 939 (European, 25). June 2-15, 1918: Present in interior towns among natives.
Do.....				July 8, 1918 Present in interior towns, Port Elizabeth district.
Natal.....				Dec. 1, 1917-Apr. 21, 1918: Cases ^a 50; deaths, 11.

YELLOW FEVER.

Brazil:				
Bahia.....	Apr. 27-June 29.....	27	9	
Do.....	June 30-July 6.....	4	2	
Ecuador:				
Guayaquil.....	Apr. 1-June 30.....	74	39	
Do.....	July 1-31.....	26	9	And vicinity. Feb. 16-23, 1918: Cases, 2.
Naranjal.....	Apr. 1-June 30.....	2	1	